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ABSTRACT

This publication of Congressional hearings held in May and June, 1973, in Washington, D.C., Miami, Florida, and Millersville, Pennsylvania, presents the text of House of Representatives Law 475, Public Law 91-527 and hearing statements on these laws by many persons from Congress, state legislatures, and educational fields. (CJ)

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TO EXTEND THE DRUG ABUSE EDUCATION ACT

HEARINGS

BEFORE THE

SELECT SUBCOMMITTEE ON EDUCATION

OF THE

COMMITTEE ON EDUCATION AND LABOR

HOUSE OF REPRESENTATIVES

NINETY-THIRD CONGRESS

FIRST SESSION

ON

H.R. 4715

TO EXTEND THE DRUG ABUSE EDUCATION ACT OF 1970
FOR THREE YEARS

HEARINGS HELD IN WASHINGTON, D.C., MAY 21, 30; JUNE 4, 26;
JULY 26, 1973; MIAMI, FLA., JUNE 11, 1973; AND MILLERSVILLE,
PA., JUNE 23, 1973.

Printed for the use of the Committee on Education and Labor
CARL D. PERKINS, *Chairman*

U.S. DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
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CONTENTS

Hearings held in—

Page

Washington, D.C.:

May 21, 1973 ... 1
May 30, 1973 ... 89
June 4, 1973 ... 127
June 26, 1973 ... 293
July 26, 1973 ... 355
Miami, Fla., June 11, 1973 ... 169
Millersville, Pa., June 23, 1973 ... 239
Text of H.R. 4715 ... 1
Public Law 91-527 ... 355

Statement of—

Barker, Art, director, The Seed ... 215
Beame, Abraham D., New York City comptroller, given by Jerome Hornblass, assistant to the comptroller, Task Force on Drugs ... 24
Bergwall, Evan H., Jr., executive director, Youth Services Bureau, South Bend, Ind ... 5
Bourne, Peter, Associate Director, Special Action Office for Drug Abuse Prevention, accompanied by Helen Nowlis and Judith Pitney ... 137
Carroll, L. Thomas, Ph. D., program director, Metropolitan Dade County comprehensive drug program and director, Division of Addiction Sciences, University of Miami School of Medicine ... 171
Crawford, Hon. Patricia, member, Pennsylvania State House of Representatives ... 271
Hagen, Shirley Patrick, chairman, drug abuse, Education Counseling Department, Miami Dade Community College ... 231
Imus, Diana, executive director, Drug Abuse Council of Everett, Inc., Everett, Wash ... 16
Johnson, Hon. Nicholas, Commissioner, FCC ... 34
Jones, Carleton W., senior program adviser for health and physical education, Pennsylvania Department of Education ... 282
Krughoff, Ms. Gayle, and Frank Lemons, associate directors, the National Coordinating Council on Drug Education, Inc ... 293
Large, Lawrence M., assistant principal, Manheim Township Middle School ... 275
Lebo, Keith H., assistant superintendent of instruction, accompanied by Robert Bowman ... 264
Nickerson, Carl J., supervisor of health education, office of the superintendent of public instruction, State of Washington ... 89
Ottina, Dr. John, Commissioner of Education-Designate, accompanied by Dr. James Spillane, assistant director, drug education nutrition and health programs ... 360
Pepper, Hon. Claude, a Representative in Congress from the State of Florida ... 128
Peterson, Raymond, representative, Council of Chief State School Officers, Washington, D.C., accompanied by F. John Kelly, executive director, Council on Drug Abuse Control, Richmond, Va.; James Keim, director, drug education training program, Maryland State Department of Education; and Gene Bass, director, Project Dawn, Baltimore, Md ... 45
Pittenger, John C., secretary of education, Commonwealth of Pennsylvania, accompanied by Carlton W. Jones ... 242
Roselsky, Kenneth M., principal, Coatesville Area High School ... 288
Staples, I. Ezra, assistant superintendent for development, Philadelphia School District, accompanied by Thomas Rosica and Dan Falco ... 252

Statement of—Continued

Page

- Tyler, Linton, Miami Lakes, Fla. 206
- Whigham, E. L., superintendent of schools, Dade County public schools, Miami, Fla., accompanied by Ben Shephard, member, Dade County School Board and Catholic Service Bureau, and Don Samuels, director, Dade County schools drug abuse program 189

Prepared statements, letters, supplemental material, etc.:

- Barker, Art, director, The Seed, statement of 214
- Bergwall, Evan H., Jr., executive director, Youth Services Bureau, South Bend, Ind., testimony of 8
- Bourne, Dr Peter, associate director, Special Action Office for Drug Abuse Prevention:
  - Letter to Chairman Brademas, dated July 5, 1973 158
  - "Summary Report on the Evaluation of Drug Education Programs," a report entitled 162
- Carroll, L. Thomas, Ph. D., program director, Metropolitan Dade County, comprehensive drug program and director, Division of Addiction Sciences, University of Miami School of Medicine, testimony presented by 177
- Crawford, Hon. Patricia, member, Pennsylvania State House of Representatives, statement of 269
- Freeman, Debra, et al., "Students Concerned With Public Health," letter to Congressman Eshleman, dated July 12, 1973, enclosing several documents 343
- Gunter, Hon. William, a Representative in Congress from the State of Florida, statement of 170
- Hagen, Shirley Patrick, chairman, drug abuse, Education Counseling Department, Miami Dade Community College 221
- Hornblass, Jerome, assistant to the comptroller, Task Force on Drugs, "A Study of Student Behavior Changes in the SPARK Program Intervention Prevention Centers," an article entitled 27
- Johnson, Hon. Nicholas, Commissioner, Federal Communications Commission, testimony of 38
- Jones, Carleton W., senior program adviser for health and physical education, Pennsylvania Department of Education, statement of 281
- Kelly, F. John, director, division of drug abuse control, Commonwealth of Virginia, statement of 61
- Kiem, James T., director, Maryland drug education training program, statement of 48
- Krughoff, Gayle, accompanied by Frank Lemons, associate directors, the National Coordinating Council on Drug Education, Inc., list of members 301
- Lebo, Keith H., assistant superintendent, and Robert K. Bowman, director of pupil personnel services, statement of 261
- McCune, Donald A., Ed. D., director, California State drug education training program, letter to Chairman Brademas enclosing several documents, dated June 15, 1973 312
- Nickerson, Carl J., Ed. D., supervisor of health education, office of the superintendent of public instruction, State of Washington, statement of 90
- Ottina, Dr. John, Commissioner of Education-Designate:
  - Drug information—drug education 361
  - Involvement of NDEP projects in curriculum development and implementation 379
- Pepper, Hon. Claude, a Representative in Congress from the State of Florida:
  - Prepared statement of 128
  - Telegram to Chairman Brademas 237
- Peterson, Dr. Ray, director Federal liaison, Council of Chief State School Officers, statement of 45
- Pittenger, John C., secretary of education, Lancaster, Pa., statement of 240
- Rinaldo, Hon. Matthew J., a Representative in Congress from the State of New Jersey, statement of 352
- Rozelsky, Kenneth M., principal, Coatesville Area Senior High School, Coatesville, Pa., statement of 286
- Staples, Dr. I. Ezra, associate superintendent, School District of Philadelphia, statement of 249
- Tyler, Linton, Miami Lakes, Fla., article in American Journal of Psychology 211

TO EXTEND THE DRUG ABUSE EDUCATION ACT

MONDAY, MAY 21, 1973

House of Representatives,
Select Subcommittee on Education,
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 10:10 a.m., pursuant to call, in room 2261, Rayburn Office Building, Hon. John Brademas [chairman of the subcommittee] presiding.

Present: Representatives Brademas, Meeds, and Lehman.

Staff members present: Jack G. Duncan, counsel; Martin L. LaVor, minority legislative assistant; and Christina Orth, assistant to majority counsel.

[Text of H.R. 4715 follows:]

[H.R. 4715, 93d Cong., 1st sess.]

A BILL To extend the Drug Abuse Education Act of 1970 for three years

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, **That section 3 of the Drug Abuse Education Act of 1970 is amended by striking out "and" after "1971;" and by inserting after "1972" the following: "; $15,000,000 for the fiscal year beginning July 1; 1973; $20,000,000 for the fiscal year beginning July 1, 1974; and $25,000,000 for the fiscal year beginning July 1, 1975".**

Sec. 2. Section 4 of such Act is amended by striking out "and" after "1971," and by inserting after "1972," the following: "$30,000,000 for the fiscal year beginning July 1, 1973, $40,000,000 for the fiscal year beginning July 1, 1974, and $50,000,000 for the fiscal year beginning July 1, 1975,".

Mr. Brademas. The Select Subcommittee on Education of the Committee on Education and Labor will come to order for the purpose of receiving testimony on H.R. 4715, and related bills, which would extend the Drug Abuse Education Act for 3 years.

The Chair should point out that in approving this legislation 3 years ago the Congress recognized that part of the solution to the enormous problem of abuse of drugs lay in better educating our citizens about the problems associated with dangerous drugs. In adopting this approach the Chair would here note that Congress was in effect following the counsel of President Nixon who in December 1969, observed that drug abuse had become "a national problem requiring a nationwide program of education."

So a bipartisan effort under the able leadership of the gentleman from Washington, Mr. Meeds, was launched in this subcommittee. As chairman of the subcommittee I think I can safely say that I have seen few measures move through this subcommittee, through the Committee on Education and Labor, and through the House and the Senate, with such overwhelming bipartisan support. Evidence of that support is that the Meeds bill was approved by the House in October 1969, by a vote of 294 to nothing and the bill passed unanimously in the Senate, as well, in November 1970, the vote there having been 79 to nothing.

The Chair would be less than candid if he did not observe, at the outset of these hearings, that we have not received the cooperation from the Nixon administration that might have been expected on a bipartisan measure of this nature. Indeed, the present administration opposed enactment of the Drug Abuse Education Act, opposed funding the act in 1971 and has asked for only meager increases in the appropriations since that time. Moreover, the administration has refused to spend the money for the act in the fiscal year for which it was appropriated.

Now we find that the administration has proposed eviscerating the drug abuse education program in fiscal year 1974 by asking for only $3 million to carry out the provisions of the act—just one-quarter of the money spent in the last 2 years.

Nevertheless, the bipartisan spirit that motivated the members of this subcommittee 3 years ago continues. The gentleman from Washington, Mr. Meeds, and I, are committed to extending this legislation as is, I am pleased to say, the gentleman from New York, Mr. Peyser, who has introduced his own bill to extend the act.

The Chair is happy at this time to yield to the original sponsor of the Drug Abuse Education Act for any comments he might care to make, and after we have heard from him we shall be pleased to turn to our witnesses this morning.

Mr. Meeds.

Mr. MEEDS. Thank you very much, Mr. Chairman.

I think I would be less than candid to take all those accolades that you passed out without saying that the fact that this legislation moved so expeditiously and effectively through the Congress is in large measure your responsibility and certainly you have been, during the entire period of time that we have been dealing with this matter, if not the strongest supporter of this legislation, certainly the second strongest supporter. So I appreciate very much what you have done and I also appreciate your arranging these hearings on the extension of the act.

Mr. Chairman, I introduced this legislation as a simple extension of the act, not because I am satisfied with what I know has been happening under this act but because I am considerably less than satisfied. There is a need to take a good look at what has been done so far and make some judgments about our directions in the future. In other words, I hope this act or my sponsorship of this legislation will act as a catalyst to commence the dialog as to what we ought to be doing. I don't know exactly what we ought to be doing, and one of the reasons I don't know is because I don't think the act has been carried out thus far as it should have been done.

I know we should be doing something different. I know that when I hear and read such statements as "* * * drug education may not only fail to impede the use of drugs, it may actually exacerbate drug use"—now what kind of education is that? I ask the chairman, I ask this committee, I ask the American public. Instead of achieving its purpose it is so far off the mark that it is 180 degrees off. It there is perhaps some kind of education to do this, then I think it is certainly due and should be carried out. What should be carried out is a kind of education program that does not do that, and if we don't know now what kind of education program does not do that and indeed educates, then we better find out, and that is what this bill was all about when we started back in 1969.

The chairman will recall, I think counsel will recall, we discussed what ought to be done in drug education, and for the reason we didn't know, we started this as a developmental act in 1969 and 1970. We knew then that we did not have the answers and that we were really looking for answers so we specifically required in the legislation that the bill develop curricula, that it be used for testing and evaluation of that curricula, dissemination of successful curricula, teacher training and effective use of the curricula.

As the bill nears its expiration date I still don't know where an individual school system can go and get curriculum suited to its peculiar needs and characteristics which has been tested and been found effective, and I don't think anybody else knows. I don't know of any single instance where the Office of Education has caused evaluation of curricula either at the individual school level, the results or by the professionals.

I have some serious questions about the directions we should go now. Obviously we are not where we had hoped we would be when the House and Senate passed this legislation without, as the chairman has pointed out, a dissenting vote. What really concerns me about this bill we are considering now is that we have not proved anything thus far either pro or con about drug abuse education in the public schools because the purposes of the bill have not been given a fair trial.

The National Commission on Marijuana and Drug Abuse points out in its second report in comparing opposing approaches—positive education about drug abuse versus avoidance of the subject—"We still have no way of knowing which method works best."

I submit that this is now about 3 years later. We asked 3 years ago that we set out to try to find this out and provide something that would do the job, and we still don't know the answer to that question. The purpose of the bill was to provide some real choices to individual school districts and statewide education systems, and I am not at all convinced that we have moved in that direction.

While I understand the practice has been discontinued, at one time the multiplier concept was being used to train educators. To me the multiplier effect is highly questionable. At best it makes for superficial training and at worst a participant with little knowledge and less training will mix in from his own background misinformation and prejudice in the form of facts which is in effect worse than doing nothing.

Finally, I want to be very specific about one thing. I believe in education. I believe it is possible to achieve desirable social goals through education. I believe we can find effective ways to teach not only the folly of drug abuse—and I include alcohol, aspirin, tobacco, the whole range—but more importantly the role of individual decisionmaking.

If we are in this instance, and it appears in some of those quotes that I have been reading that is what has happened—but if we are equating education with information, those who say it is better left undone may have a point. If we are talking, however, about education aimed at helping the student get his head together without depending on pot, horse, alcohol, then we are in a different ball game. This is not a question of cognitive instruction. We are here dealing with emotional, psychological, and social problems that have always hit harder at the adolescent and we cannot solve these problems with a well placed Band-Aid.

So while I am extremely critical of what the Office of Education has done in the field of drug abuse education in the schools, I can say that I have seen some pretty good programs. Certainly we have one in our own area, a peer group center, and I feel that is a very important part of this legislation. As I expressed to the Chair a number of years ago, I think that peer group centers are going to be on the leading edge of drug abuse education until the educators achieve the expertise and most importantly the trust of students so that they will be believed. So it is not all bad.

Thank you very much.

Mr. BRADEMAS. I thank the gentleman from Washington, Mr. Meeds, for a very perceptive statement.

I am very glad, I might say, that we are looking forward to going down to the district represented so ably by the gentleman from Florida, Mr. Lehman, sometime next month, to conduct hearings on this legislation. We look forward to going there because we know of his interest.

Mr. LEHMAN. Thank you, Mr. Chairman.

As chairman of the school board in Dade County we went into drug education on our own taxpayers' expense of $250,000 and we went into it principally because of pressure in the community and from the parents as much as anything else. We had to show that we were doing something. We spent $250,000 and that money came from other educational programs because there was no other place to get it. Therefore, I think you are going to have to have Federal help in this kind of an effort.

I agree with Mr. Meeds that some of the programs have not only not been effective, they have been counterproductive. Saturday night I spent a long time out at a place called The Seed. This was a drug program that I visited before which originated in Fort Lauderdale, and has now moved to Dade County. They just opened up in Pinellas County and are now looking forward to opening one in Atlanta. I think we might have lucked into something there.

Just briefly, it was held at the Tropical Race Track Clubhouse which is on an abandoned race track, with a thousand kids and 2,000 parents. That is the usual session. The kids have been taken away from their parents and they sit on one side and the parents on the other. Besides the format, to me there were several relevant questions.

One, how many of you were turned on by your teachers? There were too many hands raised up.

Second, how many of you secured drugs from law enforcement officials, counselors, probationary officers? A lot of hands were raised up.

How many of you were turned on by your parents or your parents' friends? It was fantastic the number of hands that were raised up.

Also, how many of you were motivated to use drugs by the films—not the books—the films that were shown to you in drug education? I think more than half the hands were raised.

This is a program that was set up—I guess it is mass group therapy. I don't know what else to call it. When you get 2,000 people at a time, that is not what you think of as group therapy or peer participation, it is like a revival but it is working.

I think that what they are doing now is sending the people back into the schools from The Seed program, the 14- and 15-year-old kids that have come through the drug experience, and are not having anybody else but those kinds of kids go back and talk to the kids in the school. They are seemingly getting their message across. There is a reduction, from what I can understand, in the use of drugs in the Dade County schools and The Seed program has been involved in that. It is no longer "cool" to be that much involved with drugs any more.

Therefore, I am very glad that we are coming down to Dade County. We might have the key. I have misgivings about the program, I have reservations about the program, but the darn thing is working. It is doing something about drugs and it is doing something in an educational way about drugs. So I do believe there is a way you can deal on an educational level with the drug abuse problem. We don't have that way yet; I think we might be finding that way.

Mr. Brademas. Thank you very much, Mr. Lehman.

Our first witness this morning is Evan Bergwall, Jr., the executive director of the Youth Service Bureau of South Bend, Ind. The Chair is acquainted with this witness and looks forward with great interest to hearing him.

Mr. Bergwall.

STATEMENT OF EVAN H. BERGWALL, JR., EXECUTIVE DIRECTOR, YOUTH SERVICES BUREAU, SOUTH BEND, IND.

Mr. Bergwall. Thank you very much, Mr. Chairman.

Mr. Chairman, Mr. Meeds, Mr. Lehman, I come today kind of as a unique situation in that I have dealt primarily with delinquents as the director of the Youth Services Bureau in South Bend. As I listened to the statement given by Mr. Meeds I felt like I could have caught a plane and gone back home because he said half of what I would like to say and that is that I think there are a number of ways that we need to examine when we talk about education. During this past year we have established some experimental kinds of programs within the South Bend Community School Corp., one of which has developed very effectively in a Peer Counseling Crisis and Drug Intervention Center located in one of the local high schools.

Another program that we are attempting to do is to work in some elementary schools in a problem solving kind of, if you will, group therapy process. It seems to me that one of the concerns that must be dealt with is the distinction between drug information and drug education. I am convinced that we have had perhaps an over amount of information and not enough education. Furthermore, it would seem to me that a lot of the money which is being poured into curriculums is wasted money, and I say that not to negate the importance of curriculums developed around drugs but I think that until we get to the realization that what we are dealing with is not a drug problem but a people problem that we in effect have only gotten half of the information and educational process taken care of.

I am also aware that within the school corporation that I am most closely familiar with that drug information has in many cases turned into drug propaganda and that no matter how good or how bad the curriculum is which is being used by local schools that until we have dealt with some of the attitudes and some of the abilities of the educators in the classrooms that we really are not all dealing with drug education. I think that what has to happen is that the teachers within the classrooms are going to have to be made more aware, alert, open, and really concerned about the youth who perhaps in some cases are already using and abusing drugs. If I may borrow some Washington language for a moment. I would like to make it perfectly clear that I think drug education as the equivalent of drug information is, if I may say so, inoperative.

In the last 8 months since we have run the Youth Service Bureau in South Bend we have worked with over 600 youths. A discovery which I have made is that drug use and abuse, delinquent behavior and running away from home I think are substantially the same; namely, they are all a means of escape. Today's youth are running. The problem of today's youth are innumerable but nowhere in the structure of most schools do we teach the alternatives available within the resources of man to solve one's personological problems. I think education today is basically the same as it was 100 years ago and the cry still goes up to teach the three R's and eliminate all the rest of this stuff. We are still going about it in a great many of the same ways and I no longer think that we can give to youth just information and assume that it is educational.

I think as far as drug education goes in the school systems that it must begin in lower elementary grades and I think it must begin in a form which does not even talk about drug information but rather it begins in a form of problem solving techniques, learning to trust and use the resources of one's peer group which is, indeed, the most effective tool and that we can cope rather than escape with problems that also include drug use.

I think one of the projects that we have begun is built around a modification of the model used by Dr. William Glasser in his book, "Schools Without Failure." I spent a good deal of time with Dr. Glasser in the past year and we have tried to adopt a classroom model into dealing with drug education, and we begin in the lower classroom, I think, by trying to talk about people, their problems, their strengths, their weaknesses and how we deal with ourselves and each other. I think that this also assumes that we have to have some changes in teacher education; namely, we must make teachers more aware of the problems of the students and that we have to take education out of simply an "intellectual environment" to become more concerned with the total human being.

Consequently, I would say drug education must be experiential as well as intellectual; it must begin to touch the effective nature of the individual. The problem must be clearly defined as a problem with individuals who will not be responsible for their lives but who rather choose to escape the problems and their pain via drug use.

Furthermore, drug education must include a more effective model of coping with personal problems and life situations rather than delineating drug use as a "no, no." Too often in this past year I have discovered that scare tactics of school expulsions and harsh discipline will not be effective in curbing drug abuse but I think effective human learning in being successful as a person will. I think if we can begin to develop this kind of coping mechanism, then the peer pressure to escape through drug use will change and we will then be able to utilize the resources which we are putting into drug education in some other ways.

I think if we could also do one thing, it would be to try to avoid duplication in the education processes. We are putting great quantities of money through mental health into drug treatment and I think some of the things we have found effective are the utilization of ex-drug users in the educational process.

I think that up until now we have gone about things perhaps a little backwards. I don't think that trained educators are the ones who can most effectively create drug education curricula. I think perhaps if we take the total person and we look at it as a problem of people rather than as a problem of education that these individuals who go through therapeutic communities who are able to quit using drugs, if we utilize them along with the educators in setting up curricula and setting up the responsiveness of people to young people that we will begin to open up new vistas and horizons in education. I think also that we need to develop greater cooperation rather than duplication.

I would suggest several things and perhaps some ideas in developing curricula.

One, I think we need to begin in the lower elementary grades to teach children how to effectively cope with life and solve personal problems and concerns. This would include how to make decisions, how to weigh alternatives and how to act.

Secondly, I think we ought to develop systematic programs in human potential and growth with an emphasis on personal worth and success.

Thirdly, I think we ought to view drug abuse in the total spectrum of alcohol, tobacco, misuse of any kind of drug as well as those which we are commonly concerned with such as marihuana, amphetamines, hallucinogens, and so forth.

Fourth, I think we need to gradually teach drug information in the context of how drugs work when properly used and when improperly used.

Fifth, I think we need to utilize peer pressure and the relationship of youth to each other which is youth's most effective tool.

Sixth, I think we need to develop curricula which is experimentally as well as intellectually meaningful. Drug education must include both the emotions as well as the mind.

I think, as has been stated earlier, that we also need to have some kind of a crash program for teachers, for educators in trying to see that the drug problem which has been called such is really a problem of young people who are really frightened, confused, and often lonely.

If I could comment further on one particular aspect of the current Drug Abuse Education Acts—namely, the Help Communities Help Themselves project—I would make a couple of observations. One, I think that those teams who apply for these funds need to have some kind of a design for their effectiveness in their own communities before they take their training. It does not have to be a plan which is articulated exactly but I think it is one at least that they have talked about, worked with existing agencies to try to facilitate some kind of meaningful program and dialog in the communities.

Finally, there is one thing which I am a very strong adherent of and that is that somehow throughout all of the talk and discussion about drug education and drug abuse that we come up with some kind of statistical design whereby we can do some hardcore research on the educational program and curriculum in school systems. It seems to me that one thing that we have got to do is to hold ourselves accountable, and I think sometimes we have the feeling that accountability is a nasty word. Until we are willing to set up some kinds of alternatives to judge in longitudinal studies, their effectiveness upon young people and to realize the declining of drug use and abuse that we really are spinning our wheels and going nowhere.

My final statement. I would strongly urge that we set up some kind of designs, some kinds of ways of testing exactly what our theories at this point are. It may take a good deal of time for this kind of longitudinal research is a time-consuming fact over the years but I would strongly urge that we do this.

Finally, I want to say that I certainly am in support of H.R. 4715 and hope that it will pass along with the budget portion of it because I think in the words of a well-known song, we have only just begun.

Thank you, Mr. Chairman.

[The written statement follows:]

Testimony by Evan H. Bergwall, Jr., Executive Director, Youth Services Bureau, South Bend, Ind.

Congressman Brademas, and honorable members of the Select Subcommittee on Education, I am grateful to be able to appear before you to speak to the need of drug education and to the favorable implementation of House Bill No. 4715 and its budget.

To say that drug education is needed today is almost trite, yet many persons treat the subject in the same hushed terms as sex education not very many years ago. Drug education is now in its infancy in my community and it must begin to develop into a more comprehensive effective tool—it can no longer be simply "drug information."

Briefly, let me illustrate but a few experiences which have occurred within my jurisdiction as the Director of the Youth Services Bureau in South Bend, Indiana. While sitting waiting for an appointment with an elementary school principal one day, a six year old black male first grader was very active while sitting next to me waiting to see the assistant principal. After a good deal of first grade kind of conversation, it was apparent that this boy was indeed extremely hyperactive. Our conversation suddenly ended with the principal's door opening and my entrance to deal with the business at hand. During our conversation, I mentioned the young boy in the waiting room, only to discover he had been stealing large quantities of diet pills from local drug stores and taking them.

Not many weeks later, the same principal called my office in a great deal of turmoil and near panic with the words, "I think I've got a kid who has O-D'ed. What do I do?" His discomfort was greatly apparent along with the fear of what would happen to the boy.

The same week, a high school principal called on some high school youth trained in crisis intervention to deal with a fellow student who was on a bad trip while in school.

The stories could be repeated a hundred times over each day across our country. The cry continues to go up as to what to do about so great a problem. It is obvious to me in dealing with school officials—teachers, nurses, and administrative personnel—that many have no awareness of or ability to cope with young people who are using drugs.

A great deal of time and effort must be set forth by our federal government in the area of drug education. Today, drug education in South Bend is almost nonexistent. At best, some drug information is given to students about the different kinds of drugs and their effects on the human body, but over use of scare tactics and biased information is also given. The total spectrum is not viewed with any effectiveness nor is the "cause" of "drug problems" dealt with in any meaningful way.

It would appear at least in some communities in the midwest (and I would surmise we are not all that unique) that money poured into school systems for developing a drug curriculum is wasted money. The curricula developed are usually done by ill-trained persons who know little or nothing about drugs and the drug culture. Hence the curricula turns to be meaningless and irrelevant as students are told one thing in the classroom and experientially know better from their participation with drugs and/or from their peers. Perhaps what is developed is drug propaganda, not drug curricula. This points to the necessity of developing and accepting some standard of fact in the preparation of drug curricula in the school systems of this country.

However, the best curricula in the world is meaningless unless those who teach are aware, alert, open, and empathetic to the needs and concerns of those being taught. Drug education, I believe, goes much farther than information about drug use and abuse. If I may borrow some Washingtonian language, "let me make this perfectly clear," drug education as the equivalent of drug information is "inoperative."

I say this because we do not have a "drug problem" in America, we have a people problem. In dealing with over 600 youth in varying degrees of trouble over the past eight months, I have discovered that drug use, delinquent behavior, and running away from home are substantially the same—a means of escape. The problems of today's youth are innumerable, but nowhere in the structure of most schools do we teach the alternatives available within the resources of man to solve one's personological problems. Education today is basically the same as it was a hundred years ago and the cry still goes up to teach the three "R's" and eliminate all the rest of this "stuff." Too often this "stuff" includes sex education, drug education, and means of coping with one's world.

Consequently, it seems to me that drug education must take some radical shifts from the usual run of the mill classroom education. It must begin in the lower elementary grades in the form of problem solving techniques and the learning to trust and use the resources of one's peer group to work through personal problems and grow from that pain rather than escaping through drug abuse. This can be accomplished if the model developed by Dr. William Glasser in *Schools Without Failure* will be effectively utilized. The classroom meeting of which Glasser speaks is a powerful tool in the development of positive peer pressure in problem solving situations. The time has come in America when we must begin to teach children that pain in life can produce strength and that emotional escape through drug abuse does not solve any problems, but simply creates more grave crises in one's life.

Drug education then must include not only information about drugs, but it must also include a discovery of one's self—both strengths and weaknesses. The thought is awesome in that it implicates some radical change in teacher education; namely, an increasing amount of psychological training for teachers in place of the now overdone educational methods courses. It means educating the emotional development of the child as well as his intellectual development. It means greater teacher involvement with students and less labeling of students as "successes" and "failures." It means a revolution in education. A new look—a reformation if you will.

To begin, drug education must be experiential rather than intellectual. It must begin to touch the effective nature of the individual. The problem must be clearly defined as a problem with individuals who will not be responsible for their own lives, but who rather choose to escape problems and pain via drug use. Furthermore, drug education must include more effective models of coping with personal problems and life situations rather than delineating drug use as a "no-no." Scare tactics, school expulsion, harsh discipline will not be effective in curbing drug abuse. Effective human learning in being successful will. If this is done, peer pressure to *cope* will gradually replace the peer pressure of escape, and when that happens, not only will drug information be less necessary, but drug abuse will begin to diminish. Hopefully, then, instead of needing to increase appropriations for drug education, we can begin to utilize these resources to solve some other pressing problem of our age.

The question now turns to, "where do we begin?" It is my conviction that some basic and major shifts need to occur in drug education. Primarily, the greatest concern of mine is to fund persons and agencies who are currently dealing with drug treatment to be responsible for the development of in school drug education. Drug treatment professionals and ex-addicts can be a viable tool in drug education in that they are acutely aware of the total implications of drug abuse. Educators who develop curricula from academic knowledge only come up with a job which is less than half done. I believe any school corporation requesting monies for drug education should be required to contract with a person associated with a drug treatment program for assistance and consultation on the realities of the curricula being developed. Thus, the credibility gap which often occurs between the volumes of drug information and the drug user can be reduced if not eliminated.

As curricula are developed, it would be my judgment that the following items be considered:

1. Begin in the lower elementary grades to teach children how to effectively cope with life and solve personal problems and concerns. This would include how to make decisions and weigh alternatives available.
2. Develop systematic programs in human potential and growth with emphasis on personal worth and success.
3. View drug abuse in the total spectrum of alcohol, tobacco, misuse of aspirin, etc., as well as the commonly abused drugs among youth and adults such as marijuana, amphetamines, hallucinogens, etc.
4. Gradually each drug information in the context of how drugs work when used properly and improperly.
5. Deal with the fact of peer pressure (youth's most effective tool) and begin to develop alternatives in early grades.
6. Develop curricula which is experientially as well as intellectually meaningful. Drug education must include the emotions as well as the mind.

Furthermore, I believe a crash program in drug education is needed for the majority of elementary and secondary teachers. Initial reactions to drug abuse by these educators usually ranges from fear to outrage. Tragically, they see a "drug problem" rather than a frightened, confused, often lonely youth. The perspective must be changed to view the person rather than the drug as the problem in need of help and solution. Again, I feel the persons to most effectively carry out this process are persons involved in drug treatment and ex-drug abusers. The unwarranted fears of faculties around the country need to be changed to deep personal concern for those youth involved in drug abuse.

Finally, I wish to comment on one of the existing components of the Drug Abuse Education Acts, namely, the "Help Communities Help Themselves" project of mini-grants. Those teams who apply for training should present, with their application, some design for their community involvement when they return to their home base. Often I think teams are trained and nothing happens. Some follow-up is needed.

Also, I believe some hard core research is needed in the area of drug education, and I think the teams who are trained could provide the data. Some models may be developed which are statistically bringing about changes in communities and these need to be brought to light along with their statistical analysis. The same critical eye needs to be applied to the training methods being utilized by the staffs training persons under the mini-grant programs.

One method which I think could be effectively utilized is for training to be based on goals and objectives set out by the teams themselves. If the objectives are met, and programs in local communities succeed as a result of the training, then the work is being accomplished.

Regardless of the method, a continuous and rigorous evaluation must be undertaken if we are to be true to our goal of eradicating the drug abuse growth through educational means. Accountability must cease to be a threatening word and become a word of challenge and integrity. Only then can we learn from our failures and successes without fear and personal failures.

Thank you, Mr. Chairman, and I trust this legislation appropriation bill will gain passage. I endorse it completely.

Mr. BRADEMAS. Thank you very much, Mr. Bergwall, for a very thoughtful statement.

One of the fundamental themes running throughout your statement, as I understand it, is that we need to be less narrow in our conception of drug abuse education. We need to give more attention to, as you have suggested, the affective, as distinguished from the cognitive, nature of education. You have suggested that it is essential in this respect that teachers look at their students not solely as drug abusers or as problems but look at the students more broadly considering their psychological and personal problems. And you urge an increasing amount of psychological training for teachers in place of the courses in educational methods.

Now that is a very tall order that you have put forth in respect of this rather modest program. I can understand why you, in effect, call for a revolution in education, and judging from what you say you may be quite right—and I have a certain feeling, which is purely judgmental and not based on any scientific evidence, that you may be right.

How can we, with a program along the dimensions of the one represented in this legislation, hope to meet so great a challenge as you suggest?

Mr. **Bergwall**. Well, I think, Mr. Chairman, that one thing that we have failed to util[illegible] resources which are available I think in most of our communities. As you are well aware, in South Bend we have the Northern Indiana Drug Abuse Service which is primarily a treatment oriented program, and by utilizing staff who are already very well trained in different forms of group process that if we could but open up some of the educational institutions whereby when we as "outsiders" come in to try to deal with the concerns of young people that we don't meet with so great a barrier.

I think one of the concerns that I have with education today is that it becomes a very closed institution and I think that that needs to be opened up. I think that if through this bill we could jointly fund projects whereby treatment communities as well as educational institutions could work together in faculty training, to use a nasty word, in some kind of sensitivity to the youth and their problems and concerns that we being to see that education is more than just a dissemination of information.

I don't think it has to take a grand program. I think it takes a willingness of people to experiment and not to be afraid to fail because until we do I think that we are going to operate in our two little worlds, and until those worlds come together we will get nowhere.

Mr. **Brademas**. Well, I appreciate that response. Still it does seem to me that if one were to meet the criteria for coping with this problem that your testimony suggests that we would need a rather more ambitious program of teacher education in the United States.

Let me ask you just one other question, Mr. Bergwall. Your office, as I understand it, has received recently a mini grant to train community leaders in drug abuse education.

Mr. **Bergwall**. Right.

Mr. **Brademas**. I wonder if you could tell us of the process by which you applied for the grant, and how you selected the participants in the training program, and where you see yourself going.

Mr. **Bergwall**. Well, the receipt of the grant for the training which will take place came out of discussion with Mr. William Shebish who is the principal of John Adams High School where we are operating this peer group and it is through the discussion with him and with a faculty member and with some students who are vitally concerned about a growing drug problem in that particular campus.

I came and talked to the individuals responsible here in Washington for the mini grant program. We applied for it and we are utilizing it for some specific training of school administrators, faculty, students to join with existing drug programs to do exactly what I indicated earlier and that is a cooperative venture. Next year beginning in September after the training takes place this summer we will be utilizing staff not only from my office but also from the Northern Indiana Drug Abuse Service as well as educators within the local high schools.

So I think it is a beginning to pull together community resources in a total drug education program and I think it will deal with young people and their problems rather than as has happened this year from numerous phone calls, you know, "If I could only get my kid to quit taking drugs, the problem would be over." That I think is only symptomatic and not the answer at all.

Mr. Brademas. So the whole thrust of your testimony is that we have to treat the causes and not be preoccupied with the symptoms.

Mr. Bergwall. Right. I think what has to happen is that we have got to begin earlier. With the numerous kinds of concerns that are growing up in children and youth's lives today we have got to be able to teach them how to cope, and to date I don't think that is being done in school systems.

Mr. Brademas. Just one other final question, Mr. Bergwall. Could you submit to the subcommittee an outline of the program you will be undertaking with the minigrant, and how much Federal money you are getting from it?

Mr. Bergwall. Twenty-six hundred.

Mr. Brademas. $2,600?

Mr. Bergwall. Right.

Mr. Brademas. And you are getting full cooperation from the local school system?

Mr. Bergwall. Yes.

Mr. Brademas. Thank you very much indeed. I have other questions but I want to be sure my colleagues have a chance to put some to you. Mr. Meeds.

Mr. Meeds. Thank you very much, Mr. Chairman.

My commendations to you, Mr. Bergwall, for your very fine testimony and very challenging testimony. I have somewhat the same feeling the chairman has that within the confines of this small bill that may be too big a challenge to the full educational system that you have just discussed and one that really has to be considered but I don't know that we are going to be able to manage it in this bill—and maybe we won't be successful until we do. I don't know.

A number of things occur in your testimony which make me ask this question. You talked about money wasted in curriculum and the need for radical shifts in present educational programs, persons and agencies responsible must control drugs and communities must be involved in teacher training, about the need for design for new curriculum. All of these things make me wonder if you really feel the educational system as it is presently composed is up to the job of providing this education or does this have to come from somewhere outside?

Mr. Bergwall. I think that is a legitimate question. and to begin with that it would be my feeling that the school systems ought to contract with outside agencies to do drug education because I think it has to start with people who are very much involved in the whole drug treatment program and who are aware of the subcultures and the whole drug world and so forth. I would say for myself that coming from a good middle class background and noninvolvement with that whole area of concern, I cannot speak with any kind of authority on drugs in that whole culture. I can get involved with it, I can get involved therapeutically with those who are involved with drugs, but until we open up the educational institutions to these individuals who have gone through the route and who can speak out on why and what happened that they turned to drugs rather than other means to cope with the problems which they have. to me the educator cannot go about it that way. It has got to happen the other way around.

Mr. Meeds. Right now they are the most credible people we have.

Mr. Bergwall. I believe so.

Mr. Meeds. And the most successful.

Mr. Bergwall. Right. We have been more successful in dealing with even new people who are in the therapeutic community to deal with other young people because they are trying to come back. I think that even that says something all by itself, that "This is where I was and now I want to come back" indicates to some young people that, well, if they have been there and are coming back maybe I should not even go.

Mr. Meeds. Are you aware of any set of curriculums that you feel is effective from K to 12 in drug abuse education at all?

Mr. Bergwall. I can only speak for my local area and from what we have available in our local area. No, I cannot.

Mr. Meeds. Do you know whether your local area has attempted to put together a curriculum?

Mr. Bergwall. They have attempted to put together a curriculum.

Mr. Meeds. They put it together themselves?

Mr. Bergwall. Yes.

Mr. Meeds. Has it been tested at all to your knowledge?

Mr. Bergwall. No.

Mr. Meeds. Has it been evaluated?

Mr. Bergwall. This is my whole concern.

Mr. Meeds. Do you know if they received any help from the U.S. Office of Education in doing this or any group designated by the U.S. Office of Education?

Mr. Bergwall. Not that I am aware of but I cannot say that for certain.

Mr. Meeds. You spoke of the minigrants. I have heard some criticism of the minigrants somewhat like you voiced in your prepared statement, that they are perhaps effective immediately but nothing happens afterward, people go away and get some training and come back and nothing happens. Don't you think that it is a little bit overly optimistic to expect people to be trained at a minigrant center like our people go down to San Francisco, say, for 2 weeks and come back to expect them to really be trained in providing real drug abuse education?

Mr. BERGWALL. Yes; I think that that is an impossibility but what I think can happen is that especially the number of teachers who are involved or educators who go I think come back with an increased sensitivity and change of attitude toward the drug user, and if nothing else happens besides than I think a giant step is taken forward.

Mr. MEEDS. That is one of the major problems, isn't it, that educators with a victorian sense are trying to deal with a drug abuse problem which is totally a product of the jet age?

Mr. BERGWALL. Yes.

Mr. MEEDS. I think that is all for the present. Thank you very much, Mr. Bergwall.

Mr. BRADEMAS. Mr. Lehman.

Mr. LEHMAN. Are you in favor of the decriminalization of marihuana?

Mr. BERGWALL. That is outside of education. I don't know.

Mr. LEHMAN. Do you think that would help?

Mr. BERGWALL. Yes.

Mr. LEHMAN. I am not trying to throw you a curve. I just am not sure how to deal with these things. How do you deal with kids in drug education when they ask you what is the difference between a joint and marihuana?

Mr. BERGWALL. You can't, and that is part of the whole thing that we become so concerned about in defending our own value system and wanting to superimpose it upon another generation.

Mr. LEHMAN. What do you think is the most dangerous drug we have in our society?

Mr. BERGWALL. Well, if you are really going to get down to it it is probably alcohol.

Mr. LEHMAN. That is what I was thinking. So you really can't separate alcohol education from drug education, can you? What percentage of the kids in your school system that you deal with on that campus do you think are either using or experiencing or have experimented with drugs?

Mr. BERGWALL. Out of a campus of 2,000 kids I would hate to venture a guess. I know that it is extensive. I could not quote you any kind of statistics because we have never done any kind of survey.

Mr. LEHMAN. In the meeting that I went to the kids estimated it would be around 89 percent of the kids they went to school with experimented with drugs. Do you think that is an absurd figure?

Mr. BERGWALL. I don't think it is an absurd figure but I am very leery of everybody throwing around figures and I don't think anybody has done the hardcore research to throw figures around.

Mr. LEHMAN. The counterproductive education you see on the television every night where you see pharmaceutical drugs advertised, do you think that that is going to neutralize some of the things you are going to do? Do you think we must control the promotion of the kind of drugs that cure everything from tensions to constipation?

Mr. BERGWALL. I think that there again we have come into a society whereby we have used drugs as a means of escape. We have not to date developed I think enough of our human resources and human potential to look at alternatives, and as long as we go on trying to run away rather than to deal with thinks we are encouraging it culturally.

Mr. LEHMAN. I'll throw a few things at you. Dr. Ben Sheppard, one of our leading drug people and also a member of the school board, said that the leading cause of turning to drugs was boredom. Can you really educate kids without reducing boredom? Are the two of them tied together?

Mr. BERGWALL. I think in a lot of cases the whole educational system as it is presently structured is as boring as you can get.

Mr. LEHMAN. In other words, what I am trying to say is you can do more for reducing drug abuse by reducing boredome than you can by drug education in a certain way.

Mr. BERGWALL. I am not sure I am willing to say that.

Mr. LEHMAN. That is what he was trying to say.

One other question and then I will leave it alone.

The consultant psychiatrist of The Seed program, Dr. Lester Kaiser, said that 80 percent of the kids can experiment with drugs without being really too much adversely affected by it but the other 20 percent are badly damaged by this thing. What bothers me is all these thousands of kids out there who are now coming clean from drugs, practically every one of them was smoking cigarettes. To me these were addicted personalities anyhow. I think that is why the problem is so huge, it is so complex, and it is so tied in with their parents.

One thing that I think we have to look at is that this program is using peer drug people, not the 40-year-old heroin addict who will come by and tell the kids of that because they don't relate to the 40-year-old heroin addict. I think you are really going to have to concentrate on the educational programs in a different way. OK.

Mr. BRADEMAS. I might ask you, Bergwall, just one other question. What happens to your effort if the Federal money ends? Will revenue sharing provide the resources you require?

Mr. BERGWALL. Well, I don't think that will happen unless we somehow make the whole educational process a communitywide endeavor. Revenue sharing in South Bend is now going to support drug treatment and there again you know we are talking about linkages and trying to orchestrate in areas of concern and it would only be through those kinds of channels. At the moment I don't see local funds picking up that whole educational process in relationship to drugs.

Mr. BRADEMAS. Do you expect any money from NIH?

Mr. BERGWALL. Well, Northern Indiana Drug Abuse Services has put a dollar proposal in hopefully that will come through but at the moment it is in doubt.

Mr. BRADEMAS. Thank you very much indeed, Mr. Bergwall. I think you can judge from our questions how valuable we have found your testimony. In particular as you are a citizen of the district I represent, I am delighted to see the kind of leadership that you are giving in respect to this very difficult problem.

Thank you very much.

Mr. BERGWALL. Thank you.

Mr. BRADEMAS. The chairman will turn to Mr. Meeds to present our next witness.

Mr. MEEDS. Mr. Chairman, our next witness is a lady from Everett, Wash., who is the head of the Drug Abuse Council in Everett, Wash., which is the sponsor of an organization known as Karma Clinic. I had the distinct pleasure of being one of the original organizers of Karma Clinic. It is a peer group center which the young people opened as a crisis center in a famous former brothel of Everett. They painted the rooms, made some of their own furniture, started out very much on a shoestring and the center has gained a very good reputation. among law enforcement officials, public officials, parents, and others.

In large part this reputation is due to the efforts of the lady who is about to testify. She is, I think, Mr. Chairman, proof of two of the programs that this committee has dealt with, not only the Drug Abuse Education Act but also the Emergency Employment Act. She is employed by the city of Everett under the Emergency Employment Act and I think will present graphic evidence to this committee of totally proper use of those funds because her efforts in this field which have been financed under the Emergency Employment Act have been largely instrumental in one of the finer peer group center programs that I have witnessed in the entire United States.

It is a pleasure to introduce to the committee Mrs. Diana Imus.

Mr. BRADEMAS. Thank you, Mr. Meeds.

Mrs. Imus, we are pleased to hear from you.

STATEMENT OF DIANA IMUS, EXECUTIVE DIRECTOR, DRUG ABUSE COUNCIL OF EVERETT, INC., EVERETT, WASH.

Mrs. IMUS. Thank you, Mr. Chairman.

Thank you, Mr. Meeds.

I would like to thank the members of the Drug Education Committee for inviting me here to tell about the accomplishments of the Drug Abuse Council of Everett.

A great deal of money has been spent in the area of drug education in the past several years. I understand that now attempts are being made to ascertain the effectiveness of such expenditures.

As the executive director of the Drug Abuse Council of Everett, a community-based drug education project funded by the Office of Drug Education, Health and Nutrition under the Drug Abuse Education Act of 1970, I am here today to share with you what Office of Education funding has enabled us to initiate and to accomplish.

An initial $75,000 Office of Education grant was awarded to the Drug Abuse Council July 1, 1972.

The Drug Abuse Council of Everett, a private nonprofit voluntary organization, is the parent body for Karma Clinic.

The council was funded by the Office of Education to provide the following services to Snohomish County:

First, educational "outreach" program which includes workshops, conferences, seminars for school personnel, clergy, the medical profession, news media personnel, law enforcement personnel, industry, parents, youth, and the general public.

Second, the operation of Karma Clinic, a community based drop-in center which provides drug analysis, factual information about drugs, referral services to other social service agencies, telephone and on-site "rapping" and counseling, medical services provided by volunteer lay and professional counselors, a 24 hour a day 7 day a week emergency drug crisis intervention service and peer group leadership program.

In addition to providing services to the community, the Drug Abuse Council, as a pilot project in the field of community based drug abuse education, maintains a program component of evaluating the methods, forms, materials, and approaches it uses in providing services.

We have shared our findings and experiences with many other projects; assisted in the establishment of new programs and provided training for their staff members.

The major educational emphasis of the council is upon helping existing institutions—family, school, church, local government—enable individuals to develop useful and adequate life coping skills as alternatives to using drugs.

Through the grant from the Office of Education, with supplemental funding through Snohomish County and the city of Everett, the Drug Abuse Council has conducted a broad community education program in Snohomish County and maintained the operation of Karma Clinic. Both of these components functioned as key elements in our educational and organizational work in the community. In the course of the council's activity as a funded program it has become clear that our educational effort has involved many programs and groups which lie outside any traditional boundaries of educational categories. It is worth some space here to explain the range of our activity. Drug abuse education has pried open doors and initiated some changes in our community of long term importance and durability. The influence of Office of Education funded community based programs extends into local institutions which are not commonly reached by traditional education agencies

Since last summer when Office of Education funding began, our community education program focused on two major target groups: The local schools and the county law and justice system. To each group we emphasized four themes: In spite of the best efforts of law enforcement officials, drug abuse has continued to spread with little reduction by punitive measures; second, drug abuse is only a sympton of more basic human needs and problems; third, treatment by a variety of modalities promised to reduce drug abuse more than punishment; and finally, preventative education should emphasize alternatives to drug use as ways to meet human needs.

The four themes were repeated to service clubs, ministerial associations, teacher training workshops, parents groups, law and justice officials, and anyone else who would sit still long enough to listen. Since July 1, 1972, we have had direct contact with 3,500 to 4,000 people in community education work and Karma Clinic has seen another several thousand for a variety of medical, counseling, referral, information, and drug crisis services.

What has the community done in response to all this? And what have we gained from the use of Office of Education funds in our country?

Although the focus of our project under Office of Education funding is upon drug abuse prevention rather than treatment and rehabilitation, the Drug Abuse Council realizes that prevention of further drug abuse is dependent upon appropriate and effective intervention and treatment. A substantial result of our drug education efforts is the development of a drug abuse treatment deferral system as a component of the county law and justice system. Last September we recognized that persons arrested for drug and drug related crimes were not referred to treatment programs by any systematic reliable method. In fact, referrals were rare and were made by police, prosecutors, or parole officials who admittedly did not understand how each treatment modality suited the real needs of defendants, parolees, or persons suspected of drug dependence.

During the several months since last fall the community education staff explained to judges, police, juvenile officials, probation and parole officers, and others that treatment modalities had to be matched to the particular needs of clients in order to be successful. A committee composed of judges, police officers, juvenile officials, probation and parole officers, recently requested the Drug Abuse Council to begin training law and justice personnel in a treatment referral system developed by Stephen Tittel of the Wright Institute in Berkeley. Members of the law and justice system have also begun to consider the treatment referral system use, for a greater variety of criminal cases which demonstrate potential for drug dependence.

Four police departments in the county have significantly changed their attitude toward drug issues as a result of participation in teacher training workshops with the council and clinic staff. Staffs of these police departments are now using Karma as a referral agency and have asked the school personnel to refer children and students with problems to Karma. The council has been asked to evaluate the treatment programs available in our region as a guide for law enforcement action.

These changes in the law and justice response to drug abuse have been reinforced by our contact with larger numbers of people in service clubs, church groups, and other public groups. By emphasizing nonpunitive treatment alternatives we have generated public support for this altered police response.

In the schools our work initially focused on development of drug curriculums which did not employ "scare tactics." We encouraged school districts to integrate drug education into existing curriculums and to deemphasize focus on drugs. Our teacher training workshops go beyond the discussion of drugs to the implementation of value clarification techniques, decisionmaking, parent/teacher effectiveness skills, helpful counseling techniques, and knowledge of available treatment agencies locally. The real issue is directing teachers' attention to meeting some of the emotional needs of students as well as their needs for intellectual growth and to understanding that real education and learning—about drugs or anything else—is based upon much more than mere distribution of information.

In the last 9 months we have presented teacher training workshops for six school districts within the county. Our staff has taught dozens of high school classes using the techniques above and have acted as consultants for curriculum development.

The effect of these training workshops can be gaged from these remarks taken from our evaluations of these sessions:

> I understand more about drug abuse, the cause and effect. Within school classes I can work mainly on problem solving and respect for body.—High School Teacher.
>
> I am using some of valuing techniques with my small children.—Elementary Teacher.
>
> I believe it did teach me new techniques in teaching.—High School Teacher.
>
> . . . the person is what's important, whether he's a 6 year old child who is insecure in his friendships or the 16 year old mainliner. The course really gave me a personal awareness I hadn't had.—First Grade Teacher.
>
> In my teaching I will include "health habits, positive body image, knowledge of body processes, positive self-image for child/and valuing of other's feelings and appreciation of all people as people."—First Grade Teacher.

In my teaching "I would like to include all valuing techniques: however, my feelings now are to get the subject (drugs) out of the P.E. department."—High School Teacher.

Although I do not teach at the present time, the information about drugs and the related problems that I have learned in this course will have a considerable effect on my thinking in the future. As drug problems come up I now have a much better frame of reference for dealing with them. I am now in a much better position to discuss drug related problems with teachers, parents and students.—Principal.

As a result of this course I feel that no curriculum should utilize scare tactics and no more pamphlets about drugs, uppers and downers, etc., will be distributed to the students. If the students are interested they should have this information on a one to one basis from the instructor so our curriculum should be directed toward well-informed instructors who can handle the one to one relationship.—School Nurse.

My major change in ideas or attitude would be the loss of fear in relation to drug use. I have developed to begin some parent study groups to deal with child development.—Teacher.

I am aware now that I should deal with the underlying problems of the student rather than a so-called "drug problem." It will be hard for me to implement a different approach in talking about drugs. This is because I have had the habit of condemning drugs, alcohol, cigarettes, sex, etc., due to comparing myself with them when I was their age. I realize now that I shouldn't condemn or "turn off" the student but rather understand what his needs are and help him. I shall try not to be a judge or jury but to help and direct him.—Teacher.

Since the course, I am convinced that we can help children more by helping them in such areas as wise decision making, establishing a set of values and developing good self-concepts than we can concentrating on teaching them about the various drugs and their effects.—Teacher.

During the coming school year the community education effort will be aimed at the parents of middle and elementary school students to gain their support for the inclusion of more preventative techniques into school programs and for funding of school programs which emphasize healthy emotional development as well as intellectual development. We believe that the community which is responsible for local education must ask for, even demand, such programs.

The next major effort in community education will focus on the local business and industrial community. Drug abuse on the job has been long neglected here. With a background of support from the law and justice system, we plan to alert the business community to its role in dealing with drug abuse on the job. The themes are common to our work with schools and we have found model programs in national industrial firms as guides for local firms.

The Drug Abuse Council believes that total community involvement is needed to insure lasting reduction of drug abuse or dependence. We have understood our role as a community education program to be the stimulus for total community involvement. To carry out this task we have used the broadest possible definition of education so that we could reach the individual, institutions and agencies in the community who could affect the greatest number of people. We have educated teachers, parents, police, prosecutors, probation officers, ministers, safety officers of business, nurses, doctors, and administrators.

Funding through the Office of Education gave us needed credibility to begin work with the school system. We hope to follow up our initial successes in changing public attitudes with the development of permanent self-sustaining programs to deal with and prevent drug abuse in the schools, the legal system, and business. Drug abuse generated a mood of public concern which has been a powerful lever for positive social change. The moneys provided through Office of Education grants have multiplied its effects into places far removed from the classroom. The effects of the Office of Education funds have been to develop a total community response to drug abuse that will remain after the sense of a drug crisis has passed.

The Drug Abuse Council has not acted in a vacuum. We have received enormous amounts of help and encouragement from the State of Washington Office of Drug Education: John Smethers, supervisor, Drug Abuse Section, State of Washington Office of Mental Health; and Ralph Rideout, State of Washington Coordinator for Drug Abuse Prevention.

The local endorsement of the Snohomish County Mental Health Board and the city of Everett, Mayor Robert Anderson, has made dreams become reality.

Funding from the Office of Education has enabled the Drug Abuse Council staff and volunteers to receive additional training and to develop skills and expertise in the field of drug abuse prevention and intervention and community organization. Also ongoing technical assistance from the Office of Education has been used by the Council on numerous occasions. Office of Education consultants have assisted us well in solving administrative problems and in the exploration of alternative program activities.

Of key importance has been the frequent communication between the Council and our Office of Education project officer, Anne Just. Her sensitivity, knowledgeability and willingness to help have made the 3,000 miles geographically separating our project from the Office of Education seem insignificant.

Behind Ms. Just has been, I know, the constant encouragement and support of Dr. Helen Nowlis whose inspiration has helped to sustain me since a meeting last summer when instead of my having to convince her of the validity of the philosophy of our program I discovered that she was already there.

On behalf of the dedicated volunteers and staff of the Drug Abuse Council, its community based membership and its truly committed board of directors I wish to thank Congressman Lloyd Meeds, the members of this committee and the Congress of the United States of America for giving us the opportunity to serve.

Mr. BRADEMAS. Thank you very much, Mrs. Imus, for a most impressive statement. I am sure, without my saying anything further, that you are proud of the fact that it has been your Representative in Congress who has been the national leader in this field.

Mrs. IMUS. We are very thrilled.

Mr. BRADEMAS. I have just one observation. I am struck by the following sentence in your statement:

> The real issue is directing teachers' attention to meeting some of the emotional needs of students, as well as their needs for intellectual growth and to understanding that real education and learning—about drugs or anything else—is based upon much more than mere distribution of information.

That statement is, of course, parallel to the statement of Mr. Bergwall who preceded you. You would also reach out into the community beyond the school system—which I take it is further evidence of the importance of our not confining ourselves solely to the cognitive approach to drug abuse education.

Mrs. Imus. Very much so.

Mr. Brademas. So I would simply applaud what you say and turn the questioning over to Mr. Meeds.

Mr. Meeds. Thank you very much, Mr. Chairman.

Indeed, Mrs. Imus, this is a fine statement. I, too, Mr. Chairman, had marked the same place that you did. I was struck with the similarity between that statement and a good share of what our former witness testified about.

Could you tell us, Mrs. Imus, about the efforts that are being made by Karma Clinic and the Drug Abuse Council with regard to teacher training? What types of teachers are you dealing with? What kinds of programs are you working with?

Mrs. Imus. Our workshops and classes have been 5- and 6-week classes for elementary teachers, high school teachers, principals and counselors. We expect to hit every school district in our county at least once and then we will be doing repeats of that.

We get feedback not only from the printed evaluation which we request but also because we are now constantly used by those school districts for which we have conducted our training workshops. We are now used as consultants and those school districts are making treatment referrals and apparent effective referrals to the treatment staff at Karma.

Mr. Meeds. These same teachers that you work with, when they feel they have a problem in the school that is a little over their head they are referring them to Karma Clinic?

Mrs. Imus. In many cases. We are also helping some of the counselors to develop constructive approaches within the schools for those instances where it is not necessary to work it out but when family counseling is advised these schools are now referring to Karma.

Mr. Meeds. You say 5 or 6 weeks, this is substantially longer than it takes place in the minigrants. Do you know whether people from the Snohomish County school districts are still going to the minigrant centers in California?

Mrs. Imus. Our staff went to one of the mini grant centers and we are utilizing learning experiences from that to deal with people within the school system. It is important, I think, for the length of time that we devote. In fact, the main criticism of some of our quotas, we did shorten a 6-week course to a 5-week course and we got a lot of feedback saying the course was much too short. It is because we go far beyond just information about drugs and people learning about themselves and learn how to teach, and that is what several of the teachers have told me, that they are learning more about teaching through the classes in drug education than they have in many, many years.

Mr. Meeds. How many hours a day or a week do they spend on this?

Mrs. Imus. It is 1 day a week for 2 hours though they usually end up 3- and 4-hour discussions because the interest is that high.

Mr. Meeds. You say it is your hope to be able to cover all the Snohomish County school system?

Mrs. Imus. Yes. We are constantly being invited in now by the schools. This is a kind of credibility we did not have. We had credibility for treatment but we did not have credibility for teacher education until we received funding under this grant.

Mr. Brademas. For the record, Snohomish County is about 220,000 people so that is a fairly large area.

Mr. Meeds. Mrs. Imus, if the Drug Education Abuse Act is not passed and there are no funds available under it, what will happen to your program?

Mrs. Imus. Our program is in very serious jeopardy. The worst that could happen is that we would have to shut out shock but I don't think that will happen. The frightening thing is that we would have to curtail some of the efforts just as we are now beginning really to affect so many people. We may have to drop out and that would be very tragic because we are really moving in a forward direction. What we are hoping is that revenue sharing moneys will be utilized but——

Mr. Meeds. What are the prospects of that?

Mrs. Imus. At this point they don't look as healthy as they might. We have some very fine people in the area who are very much for the use of revenue sharing funds; there are others who are not yet really aware of what local government's role is in the area of human service.

Mr. Meeds. Now you are actually funded under section 4 of the act, are you not?

Mrs. Imus. Yes. The fact that we also do treatment under additional funding also gives us additional credibility and we also have former drug users on volunteer and paid staff who do carry out some of the things that Mr. Bergwall was suggesting. So actually our one program involves several of the components of the bill.

Mr. Meeds. And you are also doing the same kind of educating with law enforcement officials as with educators, are you not?

Mrs. Imus. Yes, and our next step will be industry.

Mr. Meeds. And then industry?

Mrs. Imus. Yes, sir.

Mr. Meeds. How about community leaders?

Mrs. Imus. Yes, they are involved. Many of them are already members of our council.

Mr. Meeds. Well, thank you very much, Mrs. Imus.

I think, Mr. Chairman and members of the committee, it is easy to see why we have a progressive program in our area.

Mr. Brademas. Mr. Lehman.

Mr. Lehman. You were very sanguine about the future of this program. I am hopeful that you are optimistic.

Mrs. Imus. Yes. This is off the record, but this program is so important to not only myself but to other people in our community and an example of this is how I even got here. We cannot use the moneys from the Office of Education funding for traveling for this purpose nor can we use money that has been given to us through the county for treatment for this, so one of the doctors who volunteers at the clinic gave me money, the mayor of the city gave me money, a city councilman gave me money, and someone who I am sure has received help because she had tears in her eyes as she pressed $2 into my hand and said, "You have to go, this is too important not to let the country know about."

Mr. Lehman. Don't get into a slush fund scandal.

Mrs. Imus. It is all reported.

Mr. Lehman. The only thing I was going to ask you about is these books that you say are on the 1 to 1 basis. What bothers me is the difference between the misuse of the books and the censorship of the books, library books and so on. What I have found out is that by far the most popular reading material in the public schools are books about drugs. That is the first thing the kid asks for when he goes to the library. The teacher says, "What have you got on drugs?" So they all want to read about drugs. How do you really handle this?

Mrs. Imus. At this time we really are not comfortable with the written materials. We are not recommending this. There are a few other things—I am a mother, too—that kids can read about in schools that they also find very interesting. My daughter is 12, so you can guess. I think that as we revise our books and our pamphlets and our materials perhaps this can happen again but right now since we have gone into the libraries, and this is one of the things we have been doing in the schools also, was evaluating material. Without getting into the problem of censorship, getting into what is really accurate, it is very important but before that it is really important that a child as well as an adult know how to evaluate what he is reading, and until he learns to do that it is kind of tricky.

Mr. Meeds. Will the gentleman yield?

Mr. Lehman. Yes.

Mr. Meeds. Would you agree with me, Mrs. Imus, that the fact the gentleman just pointed out, that the most read books in libraries are books about drugs, assuming that is correct, presents us with a golden opportunity which we are really not seizing? If the real question is dealing with ourselves and children dealing with themselves, not just about drugs, there ought to be some way to relate that. If kids want to read about drugs, maybe there ought to be a text that relates to drugs and how you deal with yourself. In other words, this is one more illustration of the bankruptcy of ideas in the whole field of drug abuse education.

Mrs. Imus. Yes.

Mr. Meeds. We have not seized this.

Mr. Lehman. Will you pardon me?

Mr. Meeds. Yes. I appreciate your yielding.

Mr. Lehman. The interesting thing about it is that drugs is just part of our total educational scene and you could teach all kinds of things by making it readable.

Mrs. Imus. Right, but again the materials that are currently available are not directed in those areas so that is something that we shall certainly work toward.

Mr. Lehman. Sometimes you have to be very careful. We have found a way in one of our libraries how to make cocaine out of cough syrup and things like that.

Mrs. Imus. I better see what my daughter is reading these days.

Mr. Lehman. I enjoyed your testimony.

Mrs. Imus. Thank you very much.

Mr. Lehman. Keep up the optimism. If we all become defeatists, then we might as well give up.

Mrs. Imus. Well, you gentlemen have inspired me.

Mr. Brademas. Thank you very much, Mrs. Imus.

Mrs. Imus. Thank you.

Mr. Brademas. Our next witness is Mr. Jerome Hornblass with a statement, I believe, on behalf of the comptroller of the city of New York, Mr. Abraham D. Beame.

Mr. Hornblass. Right. Good morning.

Mr. Brademas. Mr. Hornblass, we are pleased to have you appear today and will let you go right ahead.

STATEMENT OF ABRAHAM D. BEAME, NEW YORK CITY COMPTROLLER, GIVEN BY JEROME HORNBLASS, ASSISTANT TO THE COMPTROLLER, TASK FORCE ON DRUGS

Mr. HORNBLASS. I would be delighted to answer questions after the presentation. Mr. Beame could not be here today as he is busy with budgetary matters.

Mr. BRADEMAS. And other matters?

Mr. MEEDS. Is that what it is?

Mr. HORNBLASS. Yes.

I have been asked to comment on H.R. 4715 and H.R. 4976. These are bills which would extend the Federal Drug Abuse Education Act of 1970 for 3 more years, provide $45 million in the fiscal year beginning July 1 of this year, and expand the concept of drug abuse to include alcohol and tobacco abuse.

I am in favor of all three goals in these measures.

Certainly we urgently need more drug control training programs for teachers and counselors to help them handle the sickness of drug addiction in our schools. We need new and improved drug education curriculums, and we need to evaluate drug abuse educational programs. So it is a very worthwhile thing to do to extend the Federal Drug Abuse Education Act for 3 more years.

Likewise, it is good to turn our attention to the harm our country suffers from widespread alcohol and tobacco abuse, among both adults and students. Alcoholism is every bit as ruinous an addiction as heroin dependence is, except that it is cheaper and it usually takes longer to get to the end of the line. And while tobacco isn't the same kind of drug as heroin is, the cancer it produces is every bit as lethal in the long run as overdosing is in the short run.

I am concerned with increasing reports about the abuse of alcohol in our New York City schools, and I understand this phenomenon is also occurring elsewhere in the country. Drinking beer, wine, and hard liquor seems to be the "in thing" to do nowadays in our high schools and colleges, either in combination with hard drugs or alone.

I think Federal, State, and city governments should encourage any educational programs designed to get our addicted young people off drugs and prevent our unspoiled children from getting hooked on heroin, LSD, alcohol, tobacco, or other addictive or quasi-addictive substances.

Finally, we would be grateful for the money. I wish it were more, and maybe the subcommittee can see its way to increasing the amounts for these worthwhile programs.

When you think of it, $45 million spread among 50 States isn't too much—and I wonder how much New York City, which has half the Nation's heroin addicts, will get when the measures you are considering will be passed by Congress. As a matter of fact, New York City's budget this year alone has $18 million of non-Federal funds in it for drug abuse education.

Some members of this subcommittee, I think, are aware of how strongly I have pushed for drug abuse education programs in our schools. I believe the subcommittee has copies of the five reports my office published in the last 2 years on the scourage of drug addiction.

Three of them deal with drug addiction in our schools and the rapid decline of attendance in New York City schools.

I remember when we issued the first report in 1971 showing that one out of three high school students have experimented with or abused hard or soft drugs, I was accused of being "political." Since then, other studies by other officials and groups have more than corroborated my findings—one report actually using a 50 percent figure.

Among the many recommendations I made was that extensive drug prevention programs should be set up in the schools. I wanted these programs to be educational for both students and teachers. I am glad to report that the board of education has instituted such programs. It is too early to say whether they have been successful in preventing our young people from falling into the drug trap. Federal funds for evaluating such programs would be most welcome.

In closing I would like to ask the members of this subcommittee, if not as a subcommittee then individually, to support the establishment of a New York Metropolitan Drug Addiction Commission for a 22-county, tristate area in and around New York City. I have pressed for this regional approach to drug addiction programs for more than 3 years.

This commission, operating like the Appalachian Commission would coordinate all drug prevention, drug treatment, and would rehabilitation programs in this 20 million person region. It would control and funnel all Federal, State and city drug funds in order to eliminate waste and duplication and to set up evaluation procedures for all programs. Remember in New York City alone there are more than 300 public and private agencies, each with their own programs competing for funds, personnel, and prestige.

I have tried to establish some order in this field by insisting that agency contracts involving public funds be subject to public hearings by the board of estimate, and my staff submits evaluative opinions on the programs for the board of estimate's guidance. Between a half dozen and a dozen new contracts are on each board of estimate calender and we have been responsible in stopping some of the more flagrantly wasteful programs from being funded or refunded.

In any event, the Metropolitan Drug Addiction Commission is, I believe, the next step we must take in our fight against drug abuse. At my request, Congressman John Murphy of Staten Island has introduced a bill which would establish such a commission. I do recommend the bill to you individually and I urge your support of it.

Thank you again for inviting Mr. Beame to testify on the other bills before you today.

Mr. **Brademas**. Thank you very much, Mr. Hornblass. I hope you will convey the appreciation of the members of this subcommittee to Mr. Beame for the very useful testimony that he has made available, through you, to us today.

You may be sure we are aware of the great deal of attention that Comptroller Beame has given to drug abuse in the New York City school system. I recall how a former member of this committee, our former colleague Congressman James Scheuer of New York, told us last year that drugs were literally destroying the New York City school system. In light of that observation I would like to ask you just two or three quick questions.

You indicated, I believe, that some $18 million of non-Federal money is earmarked for drug abuse education in New York City's budget this year. Where does that money come from?

Mr. Hornblass. That is State money.

Mr. Brademas. All of it?

Mr. Hornblass. Yes. That is earmarked for drug prevention education programs.

Mr. Brademas. In the schools?

Mr. Hornblass. In the schools alone. We have 32 community school districts in the City of New York and these school districts are responsible for the funding and operation of the grade schools, elementary schools and junior high schools. In addition we have a central board of education which is primarily responsible for the operation of some 93 high schools operating in the City of New York.

Now all of these moneys are State moneys. We receive some Federal money for our drug rehabilitation effort in the city.

Mr. Brademas. It is distributed for drug abuse education?

Mr. Hornblass. That is right.

I heard some of the witnesses testify and some of the comments of the members of the committee in regard to drug abuse education and I would say this, that this is our second year of funding. We are completing now our second year of using State money to have drug abuse education programs.

Mr. Brademas. That is to say, you had no State money prior to——

Mr. Hornblass. 1971–72 was the first year. We had absolutely no money. The problem has been with us for a couple of decades but we didn't provide any funds for it. We found that at least in the high schools we are making inroads with our drug education programs. Now the high schools receive $3.5 million, again in State money, for a program called the SPARK program and it basically is a program that is involved with peer group leadership, individual counseling, and drug coordinators in every high school. They get complaints from the students and speak to the students and they are not at all involved in law enforcement, these drug coordinators, they are just involved as in a sense guidance counselors. In addition to the guidance counselors that the schools have and the teachers there is this drug coordinated program specifically concerned with the drug problems.

Now we have found in a recent study of 900 students involved in the SPARK program in the city high schools that among those students involved there has been a [illegible]-percent reduction in absenteeism from school. There has been a 49[illegible] reduction in discipline referrals among these students and [illegible] has been a 39-percent drop in subjects failed by these students.

Now you know that drug abuse [illegible] not operate in a vacuum. Concommitant with drug abuse are [illegible]ms of truancy, violence, and death. Now we have found that in [illegible] New York City school system our average daily attendance decreased from 1965 where it was 80 percent to this past year whe[illegible] percent. That is in the high schools alone.

Now these statistics which [illegible] a marked increase in attendance and a drop in subjects failed I think [illegible] augers well for the future, certainly in the high schools. I think it is too early for us to pass judgment on educational programs. We know very little about them. We in the city of New York evaluate them on a constant basis. We review them but it is just in their second year of funding and they need more time. Certainly evaluation is extremely important to weed out those programs that are not effective and those that are.

For instance, we know that many of the drug films that are being shown, most of them are not effective. As a matter of fact, the National Coordinating Council on Drug Education pointed out that 84 percent of 220 films on drug abuse education were not acceptable. So we have to learn to weed out the effective programs and the noneffective programs.

Mr. BRADEMAS. I am very impressed by what you have told us just now, Mr. Hornblass. I am aware of the SPARK program, and indeed from the little that I know about it it is one of the most encouraging efforts in this field that has come to my attention. I would be grateful if you could make available, for the benefit of the subcommittee, a copy of the report to which you have made reference.

Mr. HORNBLASS. Yes.

Mr. BRADEMAS. I don't know how long it is.

Mr. HORNBLASS. It is not too long.

Mr. BRADEMAS. In that event I ask unanimous consent that it be included following your testimony in the record.

Mr. HORNBLASS. Yes, sir.

[The report follows:]

A STUDY OF STUDENT BEHAVIOR CHANGES IN THE SPARK PROGRAM INTERVENTION PREVENTION CENTERS

I. DESCRIPTION OF THE SPARK PROGRAM

The SPARK program is a drug abuse prevention program funded by the Addiction Services Agency of the City of New York and operated, under contract to ASA, by the New York City Board of Education. The total operating budget of this program is $3.6 million for the period July 1, 1972 to June 30, 1973.

Under terms of its contract with ASA, SPARK provides salaries for one Drug Education Specialist in each of the city's 94 high schools. In 40 high schools, with higher incidence of drug abuse, a second member is added to the SPARK team. This member is a paraprofessional with the title of Instructor Addiction.

Nine high schools with indicators of high need have been designated by the Board of Education for "Intervention Prevention" teams. These teams are composed of six staff members, including the drug education specialist (who is usually a certified classroom teacher), three other professionals, (typically including a psychologist and either a guidance counselor or an attendance teacher) and two instructors addiction.

A broad range of activities characterize the SPARK program, with latitude for special programming at each school. Some of these activities include student-led peer group programs, identification and referral of drug abusers to treatment, classroom and assembly programs of an informational sort, and teacher training. However, the dominant activity in all schools is counseling, including individual counseling, semi-formal rap sessions and ongoing group sessions for those students whose pattern of behavior indicates they are most prone to be drug abusers or addicts.

The following figures suggest the scope of this enterprise:

In the fall semester of the 1972–73 school year (Sept. '72 to Jan. 31, '73):

—16,700 students were seen once, close to 5,200 seen two to four times, and 4,421 seen more than four times, in individual counseling.

—5,309 students participated in rap sessions, with an average student participating in two to three sessions of an hour each.

—6,553 students participated in ongoing, group counseling sessions (meeting for at least a period a week).

II. A DESCRIPTION OF THE STUDY

(A) Goals of the study

At the request of ASA, Board of Education officials undertook a study of pupil records to determine the impact of the drug prevention program on their overall school behavior.

This record search was designed to test with quantifiable data the hypothesis that participation in SPARK program counseling would alleviate negative behavior, anti-social behavior and low personal achievement which, the literature suggests and the SPARK program assumes, are highly correlated with drug abuse and factors which tend to foster drug abuse.

The study specifically set out to determine if indeed in an aggregate population significant changes in behavior in each of these dimensions did result. It is believed that if such changes do take place, the probability of students becoming destructively involved in drug usage is substantially diminished. Essentially, this was a "black-box" study, simply attempting to identify what changes, if any, occur without attempting to identify what elements produce the greatest or least change.

(B) Major tasks of the study

The major tasks of the study included the following:

1. Selection of a random sample of 100 students from participants in ongoing group counseling sessions (defined as once a week or more) in each of the nine schools designated as Intervention Prevention Centers during the September 1972-January 1973 semester.

2. An examination of the records of these students during the September 1972-January 1973 semester, when they were participating in SPARK program activities. Five kinds of records were examind: absentee rate; referral to dean for disciplinary purposes by classroom teachers; major subjects failed; overall grade point average and conduct ratings.

3. An examination records for the same students in a comparable period of time. September 1971 to January 1972 when they were not participating in the SPARK program.

4. A tabulation and comparison of data, aggregated for the total sample population in each school for each of the years.

(C) Characteristics of the population

The population from which the random sample was chosen constitutes those students who, in the judgment of SPARK staff, are most highly prone to drug abuse among the entire population SPARK services. Some indications of "highly prone" include admitted use of drugs, poor academic performance, high absenteeism and a high level of disruptive or "acting out" behavior.

Of the total population engaged by the SPARK program in group counseling, 1,423 were ninth graders (21 percent); 1,930 were tenth-graders (29 percent); 1,858 were eleventh-graders (29 percent) and 1,342 were twelfth-graders (21 percent). However, ninth graders were not included in the sample population because of the difficulty of obtaining pupil records from the previous year (junior high school). Fifty-one percent are female, with 49% male.

Thirty-three (33%) percent of students in group counseling are Caucasian, 40 percent black, 22 percent Spanish surname, 1 percent Oriental and the remaining 2 percent other or unidentified.

The characteristics of the sample prior to entry into the SPARK program suggest that in the areas of negative or antisocial behavior or personal achievement the population being counseled by SPARK qualifies as drug-abuse prone. A profile of the average SPARK student shows that in the period prior to his participation he was absent 15 of 90 days (27 percent); one of the 74 days he did attend, school he was referred by a teacher to the dean's office for discipline; he flunked one to two major subjects per term; his grade point average was 60.9, and one of every three received an unsatisfactory citizenship rating.

(D) Some methodological considerations

Given both the size of the sample, the varying quality of 1971–72 records and staff turnover, it is possible that some sample students participated in the SPARK program before the Fall of 1972. Furthermore it is certain that some students in the sample have participated for greater lengths of time and with greater frequency in counseling sessions than others, although all students have been participants in five or more sessions. These differences in student groups may account for variation in outcome between schools. However, they are not significant variables for the basic purpose of this study which simply asks whether behavioral changes result through participation in the SPARK program over time. (It does not attempt to identify that period of time where the greatest change may take place.) Furthermore, it seems probable that, given the size of the sample, variations in degree of student participation are likely to average out for the population as a whole (all nine schools).

(*E*) *The nature of SPARK counseling groups*

The average SPARK counseling group meets twice a week for at least one classroom period per session. Duration of student participation varies according to the judgment of the counselor, but participation through an entire semester is common. An average group has 13 members and a better than 80 percent attendance rate.

Groups are led by a professional member of the intervention-prevention team, frequently with assistance from either a second professional, an instructor addiction or a student serving as co-leader.

The training of staff varies from psychologists with extensive academic and clinical background to SPARK staff members (both professional and paraprofessional) who have received as little as 50 hours drug counseling training from ASA or SPARK central staff.

Counseling techniques and styles vary also, ranging from structured group dynamics exercises to more free-wheeling discussion techniques. As a rule, the basic agenda is determined by needs of the students, as expressed by students or perceived by counselors, ranging from personal and emotional issues to drug use per se to specific problems (e.g., how to get a job, how to get along with a particular teacher).

III. FINDINGS OF STUDY

(*A*) *Aggregate data*

In every category studied, the aggregate population of the sample (a total of nine hundred students, 100 from each of nine high schools showed a significant change in each of the five indicators selected. The results are tabulated in Table I below:

TABLE I.—INDICES OF CHANGE IN SAMPLE POPULATION

	1971 (pre-SPARK)	1972 (post-SPARK)	Percentage change
Total days absent	13, 849	9, 976	28 percent reduction.
Total referrals to dean	1, 154	585	49 percent reduction.
Total major subjects failed	1, 446	890	39 percent reduction.
Average grade	60. 9	66. 0	8.5 percent increase.
Total unsatisfactory citizenship marks	310	104	66 percent improvement.

(See Chart I)

The before and after data was examined for significance by application of a two-sample t-test. Statistical analysis shows that all changes are statistically significant, as follows:

1. Absences—The probability is less than .01 that the decrease in absences for the sample of 900 occurred by chance alone. It is interesting to note that absences after SPARK show more variability than absences before.

2. Referrals to Dean—The decrease in the average number of referrals from before to after Spark is significant at the .05 level, i.e. it's unlikely that the decrease occurred by chance alone. Also, there is more variability among after-referrals.

3. Major Subjects Failed—The average number of major subjects failed decreased from before to after SPARK and it's very unlikely that the decrease occurred by chance.

4. Average Grade—The increase in average grade after participation in the SPARK program was highly significant. Grades after SPARK were more variable than before.

5. Conduct/Citizenship—The percentage of unsatisfactory conduct reports decreased significantly after SPARK participation. The variability after SPARK, however, was considerably less than before, which is good since the after SPARK data is all clustered nearer to zero (no conduct reports).

(*B*) *School by school variations in data*

There is a considerable range in outcome from school to school, with a distribution that shows some schools doing far better than the average and others falling considerably below it on some or all indices. The data is represented school by school on TABLE II.

TABLE II.—INDICES OF CHANGE BY SCHOOL, FALL SEMESTERS—1971 AND 1972

	Absences		Referrals to dean		Major subjects failed		Average grade		Conduct/ citizenship[1]	
	1971	1972	1971	1972	1971	1972	1971	1972	19/1	1972
School 1	1,259	1,038	44	58	123	97	69	72	22	14
School 2	1,950	1,621	140	101	144	104	63	70	45	13
School 3	1,730	1,003	192	17	162	31	56	71	77	24
School 4	995	421	132	33	154	32	66	78	46	16
School 5	1,491	1,352	221	128	166	135	62	64	30	13
School 6	1,718	1,391	164	144	160	126	66	71	23	1
School 7	1,702	867	104	17	192	102	66	84	36	12
School 8	1,550	1,105	120	66	216	171	60.48	65.83	16	11
School 9	1,454	1,178	37	21	129	92	67.20	66.45	15	
Total	13,849	9,976	1,154	585	1,446	890	60.93	66.01	310	104

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[1] Unsatisfactory.

Schools numbers 3, 4 and 8 on Table II show the greatest overall change, cumulating all five indices, and are generally high above the average, while the remaining schools cluster slightly below the average. The differences are summarized in Table III.

TABLE III: Percentage of Change Per Indicator--Highest Three Schools Contrasted to Average

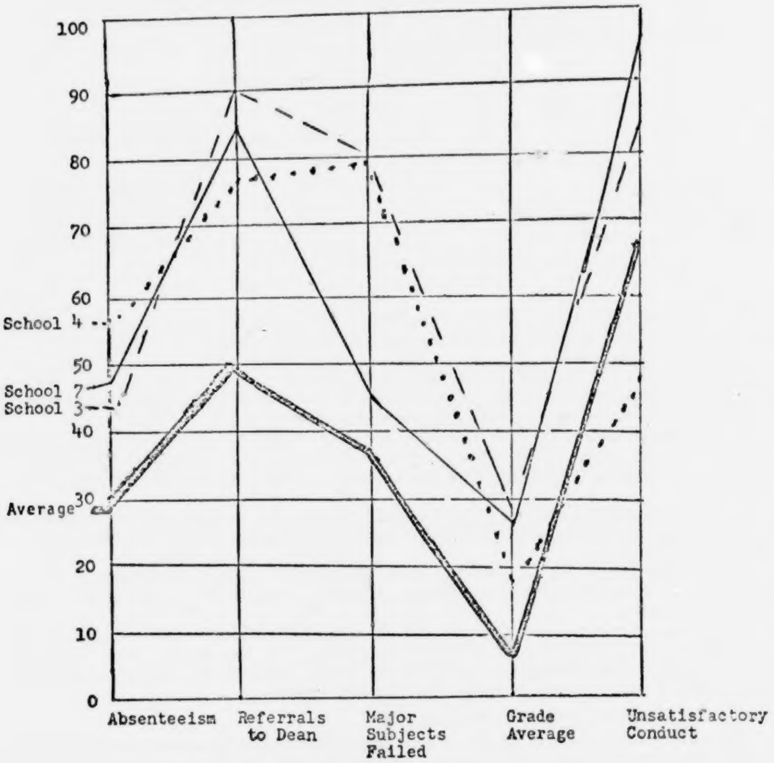
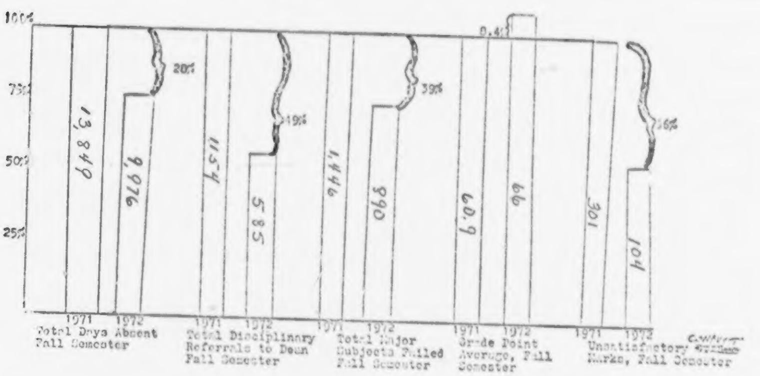


CHART I.

1971 Totals = Pre-SPARK
1972 Totals = During & Post-SPARK

Student Behavior Pre & Post SPARK participation
Raw Numbers & Percentage Changes
(1971= 100%, N=900)



IV. CONCLUSIONS OF THE STUDY

Participation in SPARK intensive counseling sessions does produce significant behavioral change in the indices measured. This is in sharp distinction to the pervailing research nationally on drug prevention programs which use classroom education—as opposed to group counseling—as their major strategy for intervention. It suggests that ASA and the Board of Education, as well as the state, should continue to encourage and support group counseling as a program which produces desirable outcomes in terms of more positive and competent student behavior.

These findings, it should be pointed out, reinforce the findings of the MACRO Systems, Inc. study, performed for ASA in the Spring of 1971, which found that group experiences were strongly (and enthusiastically) preferred by students as a mode of drug prevention. The data on reduced absenteeism tends to corroborate MACRO's anecdotal findings that for many students the SPARK program was a major reason for coming to school.

Furthermore, it seems highly probable that such improvements in basic behavior are in the long run the most effective deterrent to drug usage. The study does not prove this, and the reduction in drug use by SPARK participants that is self-reported and reported by SPARK staff as well does not in itself prove that in future years drug use will remain diminished. However, there is strong inferential evidence from many studies of drug abuse suggesting that a student who demonstrates an elimination of anti-social or self-destructive behavior, as indicated by reductions in absenteeism, disciplinary, referrals and bad conduct ratings, plus positive achievement in school, as indicated by improved grades and reduced failures, is less likely to become a drug abuser.

The study also suggests that not all centers in the SPARK program are performing equally well. Further assessment and evaluation are suggested to determine:

(A) Whether programmatic or other factors account for the differing levels of outcome between schools.

(B) What staffing patterns and programmatic features lead to the more effective programming.

(C) To what extent other activities carried out by SPARK staff—e.g., individual counseling and rap groups—are equally successful in producing student change.

Mr. BRADEMAS. I recall that when this subcommittee went to New York to consider this legislation—and my colleague, Mr. Meeds, will straighten me out if my memory is wrong—I was astonished to learn that, under New York State law you have, in effect, the analog of title VI of the Civil Rights Act. That is to say that if a public school fails to provide drug abuse education all State aid to that public school must be, under the law, cut off. Am I not correct in that? That is one of the laws that you have on the books, but you don't enforce.

Mr. Hornblass. We have millions of laws on the books and some are enforced to greater degrees than others.

Since 1962 there has been a State law which mandates drug abuse education programs in the school and which mandates that every teacher that receives a license to teach must go through a training course in drug sensitivity. Now a teacher cannot be licensed unless he also goes through these courses and passes a test on drug abuse. Now we have found in the study that Mr. Beame made 2 years ago that that law was not enforced.

Mr. Brademas. And it it has been in effect for over 10 years now.

Mr. Hornblass. Just about that, over a decade. Now that law was not enforced and one of the recommendations which Mr. Beame made was that this law indeed be enforced.

Mr. Brademas. You seem to have the same trouble getting the executive branch of the Government to obey the law that some of us on this committee have.

Mr. Hornblass. Well——

Mr. Brademas. You don't have to comment.

Thank you very much, Mr. Hornblass. What you have said is very encouraging. In addition to your SPARK program what encourages me and impresses me is that you do not make sweeping claims for one program or another. I am always impressed, I must say, by tentative judgments in this difficult field.

Mr. Meeds.

Mr. Meeds. Thank you very much, Mr. Chairman.

Mr. Hornblass, just one question. Are you aware if there is any set curricula in the whole field of drug abuse education for the New York City schools?

Mr. Hornblass. There are curricula available. Some schools devise their own curricula. Each school devises their own. Really in New York City there are a lot of new programs opening up.

Mr. Meeds. To your knowledge have any of them been evaluated by outside sources other than the New York City school system?

Mr. Hornblass. I don't know. I don't think so.

Mr. Meeds. Like Dr. Nowlis or somebody from the Office of Education or someone commissioned by the Office of Education for evaluation purposes.

Mr. Hornblass. We have not had any evaluation done of any of our drug programs. We have had some evaluation done of many of our rehabilitation programs. I know there is a systems discipline, it is a consultant firm here based in Bethesda and it has done a lot of that.

Mr. Meeds. How do you know whether they are working or not?

Mr. Hornblass. Well, as I say, we really don't know. Some we know work better than others. It has taken a long time for many of the school districts——

Mr. Meeds. I don't think you are unique in this area but doesn't it strike you as strange that you may have been pursuing educational programs for 5, 6, 7 years which are totally ineffective?

Mr. Hornblass. Well, we have just begun actually in New York City 3 years ago, 1971–72. It may be that some of them are not effective but this is a new area. It is an old problem but government officials are just beginning to come to grips with it in recent times and I think that more funding is needed to operate the programs to get effective manpower to operate it and to evaluate the programs and to monitor the programs.

Mr. Meeds. All things that we suggested initially in 1970.

Mr. Hornblass. Well——

Mr. Brademas. Will the gentleman yield for a question?

Mr. Meeds. Be happy to.

Mr. Brademas. Are you saying that although you have undertaken this SPARK program in New York City, and have budgeted $18 million in non-Federal funds for drug abuse programs in New York City, that Dr. Nowlis' office has not come up to you to talk to you how you are getting along?

Mr. Hornblass. I can't answer that positively. I am not on the board of education. I don't believe there has been an outside evaluation. I will check on that and get back to the committee.

Mr. Brademas. Well, if the answer to that question proves to be yes, I find that incredible. New York City is a big city with the toughest drug problem in the country, everybody tells us. We will hear from Dr. Nowlis later and find out if my question is a fair one or not. I judge from the attentive nature of your response you are certainly not clear that the principal Federal agency charged with this matter has even come in to see how you were moving ahead in New York City.

Mr. Hornblass. I don't know. The problem in New York City is changing. We had a very serious heroin problem and the officials had been able to stop some of the heroin coming into the city, but as the Comptroller alluded to in his statement we have now a poly-drug problem and the youngsters are beginning to mix up their drugs much more. Cheap wine is being used now a lot together with pills and so on, and of course that is a serious problem. It brings additional problems.

Mr. Meeds. What may be even more frightening, Mr. Chairman, is that not only has the Office of Education not evaluated the New York City system or contracted to have it evaluated, in all probability they probably don't know how to evaluate it because I don't think they have evaluated anything.

Mr. Brademas. Yet, if I understand the administration's position correctly, they want to dump the Drug Abuse Education Act. You know, the Nixon administration, after all the rhetoric about how important it is to provide a nationwide education program on abuse of dangerous drugs, has, in effect, called for us to eliminate it. Yet, here in New York City you have only been in business for 2 or 3 years, the biggest city in the country. Does that make sense to you?

Mr. Hornblass. Well, it is a sad state of affairs actually when we cannot cope with the No. 1 problem facing us in the cities. As a matter of fact, it crosses the socioeconomic line. Drug abuse knows no boundaries—it strikes the rich and the poor, the cities and suburbs, the black and white. It creates crime, it creates fear. If we cannot fund programs, then we are just not helping ameliorate the problems that face us in America.

Now, New York City, I pointed out in the remarks that, so far as I know under the Drug Abuse Education Act, New York receives only $400,000, which is nothing.

Mr. BRADEMAS. Thank you, sir.

Mr. MEEDS. Thank you, Mr. Chairman.

Thank you, Mr. Hornblass.

Mr. BRADEMAS. I hope, Mr. Hornblass, you will convey the good wishes of the members of this subcommittee to Comptroller Beame and tell him to keep at it.

Mr. HORNBLASS. Thank you very much.

Mr. BRADEMAS. We are pleased to hear next from a distinguished member of the Federal Communications Commission, the Honorable Nicholas Johnson.

STATEMENT OF HON. NICHOLAS JOHNSON, COMMISSIONER, FEDERAL COMMUNICATIONS COMMISSION

Mr. JOHNSON. Thank you, Mr. Chairman.

Mr. BRADEMAS. Mr. Johnson, as you can see the bells are ringing, and before long we must go. If we could ask you to summarize what is obviously a carefully prepared statement, that might give us an opportunity—I don't know what your time situation is—to put some more questions to you.

Mr. JOHNSON. When do you need to leave, Mr. Chairman?

Mr. BRADEMAS. When the first bells ring after the first quorum call, so we may have 20 minutes, possibly 30 minutes.

Mr. JOHNSON. Let me try to keep it within that range as best I can.

I have prepared a statement here for you which quite frankly goes beyond much of what I have said in the past about the relationship of television programing to drug abuse problems in this country. It is an effort to present to you my honest as possible self and speak to you from the heart about my own convictions as to what is really at the base of this problem and what the implications of it are for our schools as well as the policies of Government.

I will be saying some things that may sound a little unusual to you but it you will treat them sympathetically and bear with me until I am through I think you will get the sense of what I am trying to say because in my judgment the drug problem is but a symptom of a much more pervasive problem and if we can analyze that basic problem and do something about it I think the drug problem as we referred to it will disappear of its own accord. It will disappear, gentlemen. I think any effort to treat the problem taken by itself is doomed to failure and that is the thrust of my statement.

I say we are living in an environment that is very hostile to fully functioning human life. In this setting we do not, because we cannot, offer our children a sense of purpose, a sense of their own divine individuality. The closest that many Americans get to the earth is to walk on it and even they are but a small minority of the population. A society that will not care for its soil cannot care for its soul.

The use of drugs is not the only symptom of our basic disease. Our nervous systems are disordered from minor headaches to major psychiatric disturbances.

Our physical health is suffering from the common prevalence of overweight to the growing mortality of men over 40 from cardiovascular diseases.

Our communal lives are under stress from rising rates of divorce to disintegrating cities.

We are utilizing the world's petroleum and other natural resources at rates that long ago exhausted the fair share of the rest of the people on earth and they now seem inadequate even to the demands of the single Nation we inhabit.

We have despoiled our beaches, mountains, forests, air, and water.

And—let's be candid enough to face it—we have adopted a foreign policy of war, death, and imperialism on a level that makes Adolf Hitler look like an Eagle Scout compared with our current "Peace With Honor" President's bombing of Southeast Asia over the past year or so.

There is a way to solve all these problem simultaneously and with them "the drug problem." There is no way, of which I am aware, of solving any one of them alone.

There is a way of living that costs very little and yet improves your diet, it will bring you to your proper weight, it will extend your life expectancy, it will produce the optimum physical health of which you are capable, it will radically reduce our use of the world's resources and eliminate much of the pollution which we produce while at the same time affirmatively improving our environment, it will make us better citizens in terms of public service, it will increase our knowledge and powers of analysis, it will build our self-confidence and sense of individual identity and worth, and it will give people a sense of values, of life purpose and the sense of inner peace and tranquility.

Now many young people are seeking these values, especially young people who have tried and rejected drugs. For, needless to say, the way of living I have described does not include drugs—not because one must demonstrate the Puritan self-restraint to forgo the pleasure he craves but because there is simply no desire whatsoever either physiologically or psychologically for such artificial stimulants.

Now what kind of life am I talking about? Most of us have experienced at least bits and pieces of it, and let me talk about those because if you can get into it that way maybe you can understand the full thrust of what it is I am trying to say.

There is a Senator up here who jogs to work, Bill Proxmire from Wisconsin, and as a result of it gains the sense of exhilaration produced by better circulation and more oxygen. The other day a number of Members of the House demonstrated the feasibility of the bicycle as an alternative method of urban transportation. I used to know when I was working for Justice Black as a legal aide two Supreme Court Justices who regularly walked to work.

Now to control your own transportation—by walking, cycling, or jogging—gives you better health, a better disposition, more freedom of movement, very often a faster form of transportation, and could have a meaningful impact upon our simultaneous problems of fuel shortage, air pollution, and cardiovascular disease if every commuter would walk a mere 2 or 3 miles a day. The number of Americans who are changing their transportation styles is reflected in the often overlooked fact that, for the first time in our Nation's history, we sold more bicycles than automobiles last year.

More and more Americans are getting outdoors. There is a greater interest in nutrition than ever before. With the relative decline in the amount of political protest has come an increased looking inward, with an upsurge of interest in psychology and religion.

Each of these areas of change are illustrative of an often unarticulated effort to break out of the corporate trap so many of us have bought our way into. A normal human naturally rebels at what Paul Goodman called Growing Up Absurd. That rebellion can take the form of weekends on a farm in the country or of increased alcohol consumption. Some react by spending more time in physical exercise, others by deadening themselves in the passivity of television watching. Some seek to simplify their lives with less junk, others go on spending sprees. The rebellion is a good sign of life, a sign that one has not totally accepted an automation's role in an oppressive, hostile environment. But some forms of that rebellion are obviously more conducive to personal and social health than others.

Now if any of this strikes a familiar chord in you, perhaps you are with me enough to really listen to what I am about to say without rejecting it out of hand because however you gentlemen may feel about yoga and Eastern religions I know you are pragmatic enough to respect results in drug treatment programs, whatever the method may be. Let me tell you of but one example simply to illustrate the point I am trying to make.

There is a gentleman named Yogi Bhajan who operates an international organization who has attracted the devotion of tens of thousands, if not hundreds of thousands, of young people all across the United States. The same can be said for many other Indian and Eastern leaders, but I am more familiar with his work. Yogi does not think of himself as running a drug treatment program, though he is not unaware of the impact of his teachings in that area. I note he has conducted a drug treatment experimentation with two hard heroin addicts in the Veterans Administration's administered pilot project. He is principally trying to offer a way of life which he believes to be constructive to young people who have rejected much of the Western civilization of which they are a part and who are groping about for alternatives—one of which has been drugs. He offers them an integrated whole life of good diet, exercise, constructive employment, creativity, community, meditation, and moral values.

These young people are not "hippies," they are not "dropping out"—quite the contrary. They are working at their own businesses and are much more economically productive than many of their contemporaries.

Now many of the young people who come into Yogi Bhajan's program, because they are a representative slice of American youth, have been on drugs. What happens is that shortly after beginning their training they become less and less interested in drugs and finally give them up altogether.

Now please note what was not used to produce this change as well as why it did come about.

Drug use is not made illegal.

They were not forbidden to use drugs.

The supply of drugs was not dried up. They are often in neighborhoods where drugs are plentifully available.

There are no educational campaigns of posters, films, and lectures designed to frighten the young people into believing that use of drugs will impede their sexuality or insure their going to Hell or some other equally horrible consequence.

They are not told that a desire to alter one's consciousness is somehow immoral or unnatural—indeed, they are shown through techniques of meditation and chanting more powerful ways to alter consciousness.

No, the abandonment of drug dependency comes from within those who participate in the program—automatically naturally, without forcing, as an almost casual byproduct along with better posture and physical health, a more radiant complexion, a more peaceful and loving attitude toward others, sounder sleep, and so forth.

All the world's great religions have taught the values of simplicity, of avoiding materialistic greed. Jesus taught that our heart, our purpose, should be focused on service and our higher nature, not on the treasures we have stored up on earth. The Gita, Book of Tao, Zen all agree.

Yet in America today at every turn we are told that our goals, our greatest pleasures, our very identity are to be found in externals rather than from within. We are told that our worth as human is to be measured by the economic scale of success and that it, in turn, is to be measured by the newness and cost of the possessions with which we surround ourselves: house, car, clothes, and so forth.

Living, we are told, has something to do with Pepsi-Cola. Well, Pepsi has a lot to give all right—dental cavities, protein deficiency, malnutrition, high blood sugar, and heart attacks but very little to do with living. Love, we are told, is like ginger ale as well as a line of cosmetics. Gusto comes from the range of chemical additives and alcohol called beer.

Our advertiser-fed gluttonous consumer ethic encourages wholly inadequate physical exercise, passivity rather than activity, externally imposed values rather than inner directedness, and a general dependency upon externals to the point that loneliness becomes a problem for many people unless the empty void that lies within can be kept full of artificially manufactured foods, drinks, radio, and television programs.

Now once you create a society in which the use of chemical stimulants is openly encouraged by government and force-fed by massive corporate advertising programs, it becomes very difficult—politically, physiologically, psychologically, and logically—to start drawing fine lines between the socially prestigious and the socially ostracized chemicals.

Those who have not yet seen the relationship of advertising to our Nation's ills are getting a glimpse of it this week and last as we examine at close range what advertising has done to another area of American life: government and politics. Joe McGinnis described President Nixon's 1968 advertising agency directed campaign for us in "The Selling of the President."

The collection of $50 million from corporate executives, many—if not most—of whom would be seeking favors at the consumers' and taxpayers' expense from the Presidential candidate if he was successful. The subsequent dispensing of those favors as but a quid pro quo. The use of burglaries and wiretapping, even of one's own employees. Efforts to manipulate the media to censor and present the best image possible. The coverups and the lies. We have been shocked with the stark relief of the picture laid before us. Of men with no human values or even, seemingly, emotions.

Why should we be? Isn't this sordid picture only symptomatic of what the motives of greed have done in other areas of our lives where materialistic consumption has been fueled by massive advertising campaigns totally devoid of humanistic concern? Listen to your radio; watch television; look out at the sea of neon advertising lining the freeways to suburbia's shopping plazas; walk along an oily beach; try to fish in a polluted river; read the ingredients on your favorite prepackaged foods.

Yes, gentlemen, there is a lot we have to educate our young people about to help them deal with drugs. I have tried to contribute a little high school and college text of my own, the Bantam paperback "Test Pattern for Living," a copy of which I have submitted for your committee's files. But I am fearful that any effort to treat a drug problem apart from the materialistic life style of American advertising of which it is such a natural component is doomed to frustration and failure. Many Americans are trying alternative life styles that seem to work better. I commend them to your attention.

Thank you.

[The written statement follows:]

TESTIMONY OF HON. NICHOLAS JOHNSON, COMMISSIONER, FEDERAL COMMUNICATIONS COMMISSION

DRUG EDUCATION

"If human vices such as greed and envy are systematicaly cultivated, the inevitable result is nothing less than a collapse of intelligence. A man driven by greed or envy loses the power of seeing things as they really are, of seeing things in their roundness and wholeness, and his very successes become failures. If whole societies become infected by these vices, they may indeed achieve astonishing things but they become increasing incapable of solving the most elementary problems of everyday existence. The Gross National Product may rise rapidly: as measured by statisticians but not as experienced by actual people, who find themselves oppressed by increasing frustrations, alienation, insecurity and so forth. After a while, even the Gross National Product refuses to raise any further, not because of scientific or technological failure, but because of a creeping paralysis of non-co-operation, as expressed in various types of escapism, such as soaring crime, alcoholism, drug addiction, mental breakdown, and open rebellion on the part, not only of the oppressed and exploited, but even of highly privileged groups." [1]

The excessive use of drugs in our society—legal and illegal alike—is, in my judgment, but a symptom of a much more pervasive ill that confronts us.

If we are willing honestly to analyze our more general misdirction, and to begin working on it, what we today call "the drug problem" will virtually disappear of its own accord.

If we are unwilling to undergo that analysis, if we persist in lunging headlong toward an inevitable societal suicide, the continued rising use of drugs will become not only irreversible, but the least of our problems.

We are living in an environment that is very hostile to fully functioning human life. We are fueling a highly technological, urbanized, institutionalized, materialistic, alienating, consumptive society on envy and greed. It makes a lot of dollars, but very little sense.

In this setting we do not—because we cannot—offer our children a sense of purpose, a sense of their own divine individuality, a sense of their relationship to the life force that binds us to the rest of the plant and animal life with which they share the planet earth and the cosmos beyond.

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[1] From E. F. Schumacher's "An Economics of Permanence," reprinted in T. Roszak, Sources 354, 362–63 (Harper Colophon 1972).

The closest many Americans get to the earth is to walk upon it—and even they are but a small minority of the population. A society that will not care for its soil cannot care for its soul.

The use of drugs is not the only symptom of our basic dis-ease.

Our nervous systems are disordered, from minor headaches to major psychiatric disturbances.

Our physical health is suffering, from the common prevalence of overweight to the growing mortality of men over 40 from cardiovascular diseases.

Our communal lives are under stress, from rising rates of divorce to disintegrating cities.

We are utilizing the world's petroleum and other natural resources at rates that long ago exhausted the fair share of the rest of the people on earth, and now seem inadequate even to the demands of the single nation we inhabit.

We have despoiled our beaches, mountains, forests, air and water.

And—let's be candid enough to face it—we have adopted a foreign policy of war, death and imperialism on a level that makes Adolf Hitler look like an Eagle Scout compared with our current "Peace With Honor" President's bombing of Southeast Asia over the past year or so.

There is a way to solve all these problems simultaneously—and with them "the drug problem." There is no way, of which I am aware, of solving any one of them alone.

There is a way of living that costs very little, improves your diet, brings you to your proper weight, extends your life expectancy and produces the optimum physical health of which you are capable, radically reduces your use of the world's resources, eliminates much of the pollution which you produce (while affirmatively improving your environment), makes you a better citizen in terms of public service, increases your knowledge and powers of analysis, builds your self-confidence and sense of individual identity and worth, and gives you a sense of values, of life purpose, and inner peace and tranquility. Many young people are seeking these values—especially young people who have tried, and rejected, drugs. For, needless to say, the way of living I have described does not include drugs—*not* because one must demonstrate the Puritan self-restraining to forego the pleasures he craves—but because there is simply no desire whatsoever (either physiologically or psychologically) for such artificial stimulants.

What kind of a life am I talking about? Most of us have experienced bits and pieces of it at one time or another.

A United States Senator jogs to work—and gains the sense of exhilaration produced by better circulation and more oxygen. The other day a number of members of the House demonstrated the feasibility of the bicycle as an alternative method of urban transportation. I used to know two Supreme Court Justices who regularly walked to work. To control your own transportation—by walking, cycling or jogging—gives you better health, a better disposition, more freedom of movement, and could have a meaningful impact upon our simultaneous problems of fuel shortage, air pollution and cardiovascular disease if every commuter would walk a mere two or three miles a day. The number of Americans who are changing their transportation styles is reflected in the often overlooked fact that, for the first time in our nation's history, we sold more bicycles than automobiles last year.

More and more Americans are getting outdoors. Attendance at state and national parks is up. Hunting and fishing are always popular. Gardening is enjoying a resurgence that involves more people than even the Victory Gardens of World War II. The number of second homes near the mountains or beach is increasing rapidly. We all get a sense of peace and relaxation from contact with nature, even though many of us don't stop to reflect about it very much.

There's a greater interest in nutrition than ever before. You may very well have cut back on your own consumption of cholesterol-laden foods, coffee, sugar, and junk foods with additives. The "whole food" industry has gone from a $100 million to a $300 million industry in the last two or three years.

With the relative decline in the amount of political protest has come an increased looking inward, with an upsurge of interest in psychology and religion. You, or some member of your family, may have been involved in some way.

Each of these areas of change are illustrative of an often-unarticulated effort to break out of the corporate trap so many of us have bought our way into. A normal human naturally rebells at what Paul Goodman called *Growing Up Absurd*. That rebellion can take the form of weekends on a farm in the country, or of increased alcohol consumption; some react by spending more time in physical exercise, others by deadening themselves in the passivity of television watching; some seek to simplify their lives with less junk, others go on spending sprees. The rebellion is a good sign of life, a sign that one has not totally accepted an automaton's role in an oppressive, hostile environment. But some forms of that rebellion are obviously more conductive to personal and social health than others.

If any of this strikes a familiar chord in you, perhaps you are with me enough to really listen to what I am about to say without rejecting it out of hand.

Because however you gentlemen may feel about yoga and Eastern religions, I know you are pragmatic enough to respect results in drug treatment programs, whatever the method may be. Let me tell you of but one example simply to illustrate the point.

Yogi Bhajan, of the Guru Ram Das Ashram in Los Angeles, has attracted the devotion of tens of thousands of young people all across the United States. The same can be said for many other Indian and Eastern leaders, but I am more familiar with his work. Yogiji (as he is called by his followers) does not think of himself as running a drug treatment program—though he is not unaware of the impact of his teachings. He is principally trying to offer a way of life, which he believes to be constructive, to young people who have rejected much of the Western civilization of which they are a part and ~~who are gro~~ping about for alternatives—one of which has been drugs. He offers them an integrated whole life of good diet, exercise, constructive employment, creativity, community, mediation and moral values. These young people are not "hippies," they are not "dropping out"—quite the contrary. They are working at their own businesses, and are much more economically productive than many of their contemporaries.

Many of the young people who come into Yogi Bhajan's program—being a representative slice of American youth—have been on drugs. And what happens is that, shortly after beginning their training, they become less and less interested in drugs and finally give them up altogether.

Note, please, what was *not* used to produce this change as well as why it *does* come about.

Drug use is not made "illegal."

The supply of drugs is not dried up.

There are no "educational" campaigns of posters, films and lectures designed to frighten the young people into believing that use of drugs will impede their sexuality or insure their going to Hell.

They are not told that a desire to alter one's consciousness is somehow immoral or unnatural—indeed, they are shown (through techniques of meditation and chanting) more powerful ways to alter consciousness.

No, the abandonment of drug dependency comes *from within* those who participate in the program—automatically, naturally, without forcing, as an almost casual byproduct (along with better posture and physical health, a more radiant complexion, a more peaceful and loving attitude toward others, sounder sleep, and so forth).

Now I am not advocating that we all go Eastern—although any politician or educator who fails to recognize the numbers of young people who have is going to miss much of what is happening in the United States during this decade.

I recall a conversation I once had with a very wise old Japanese businessman. Unlike many of their American counterparts, it is not at all uncommon for a Japanese industrialist to have highly developed poetic, aesthetic, humanistic, and religious values. We spoke of Zen for awhile, and then he smiled and said in his perfect English, "I am very pleased and flattered that you are interested in my country and that you are so knowledgeable about Zen. But you really need not study it, you know. You need only read your own Bible." He is right, of course. There are many paths to the same mountaintop—as Yogiji is always reminding his listeners.

But there are certain values that are relatively immutable. (Our Declaration of Independence refers to "unalienable rights.") Under most circumstances life is better than death; health better than disease; individual creativity better than mass conformity; love better than hate; service better than selfishness; strength from within better than crutches from without; compatibility with nature better than attempts to dominate and destroy.

All the world's great religions have taught the values of simplicity, of avoiding materialistic greed. Jesus taught that our heart, our purpose, should be focused on service and our higher nature, not on the treasures we have stored up on earth. The Gita, Book of Tao, Zen—all agree. Ancient and modern day psychology and psychiatry, poetry and philosophy express similar conclusions.

We have not only ignored these teachings in our day-to-day lives and governing of this country, it is as if we had deliberately set out to take precisely the opposite course.

Education should be pursued, we tell our students, not for the joy of learning and self-discovery, but because statistics show that college educated employees will earn more money over their lifetimes than high school graduates.

Jobs are sought, not for the opportunity for service, growth and fulfillment they offer, but for the social status and prestige that comes from submerging one's identity into that of a well-known corporation or other "respectable" institution in exchange for "good pay."

At every turn we are told that our goals, our greatest pleasures, our very identity, are to be found in externals, rather than from within. We are told that our worth as human beings is to be measured by the economic scale of "success," and that it, in turn, is to be measured by the newness and cost of the possessions with which we surround ourselves: house, car, clothes, and so forth.

Living is equated with Pepsi Cola—which has a lot to give all right; dental cavities, protein deficiency, malnutrition, high blood sugar and heart attacks. "Love," we are told, "is like ginger ale"—and a line of cosmetics. "Gusto" comes from the range of chemical additives and alcohol called beer.

Our advertiser-fed gluttonous consumer ethic encourages wholly inadequate physical exercise, passivity rather than activity, externally imposed values rather than inner-directedness, and a general dependency upon externals—to the point that "loneliness" becomes a problem for many people unless the empty void that lies within can be kept full of artificially manufactured foods, drinks, radio and television programs.

The use of socially disapproved drugs is but one small example of what we have done to ourselves. Our bodies are designed to require the kinds of simple fuel that our grandparents called food: milk products, meat and fish, fruits and vegetables, nuts and grains, and so forth. This is not "health food," a "micro-biotic diet," or some kind of fad: it's just plain food. But when you add up the empty calories in alcohol, sugar-laden products, and junk foods you find that there is very little left in the daily calorie intake (or grocery budget) for the nutrients contained in food.

There are a lot of artificial stimulants we are throwing into our bodies besides heroin—with the encouragement of the United States Government and its allied big business corporations.

Take sugar for instance. Dr. John Yudkin, author of *Sweet and Dangerous*, has written: "If only a fraction of what is already known about the effects of sugar were to be revealed in relation to any other material used as a food additive, that material would promptly be banned. . . ." The consumption of sugar by a nation's people is more closely related to the increase in the rate of heart attacks than even cholesterol; in fact, the only factor that correlates more closely is the number of television sets per capita.

Caffeine is an artificial stimulant; indeed, reformed alcoholics often use excess coffee drinking as an effective alternative crutch. The adverse effect of coffee upon the heart and general health is well known.

Although cigarette advertising is banned on television, it is still (inequitably as well as irrationally) permitted in print media, and the government still subsidizes the growing of tobacco and the export of cigarettes to world markets. Nicotine, and the other byproducts of cigarette smoking, have such a diliterious impact upon all the organs of the body that it is said to be related to some 300,000 deaths every year.

In all our efforts at "drug education," very little attention has been given to the nation's number one hard drug problem by any conceivable measure: alcohol. Indeed, parents and teachers are often relieved when young people choose beer and wine rather than the marijuana that is, in many respects, less harmful. In terms of the number of people adversely affected, the economic impact, the number of deaths caused, the permanence of the physical damage—use whatever standard you wish—there is no illegal drug in the country that can touch the devastating impact of alcohol and alcoholism.

Add to the number one hard drug the lesser legal drugs—tranquilizers, sleeping pills, aspirin, and other pain relievers, "stomach settlers," and various "pep-up" and "dieting" pills—and you can see that American advertising has brought us a junkie life indeed.

It is not my purpose to suggest that coffee is as bad for you as heroin; it has some qualities that are worse, but for most purposes it would have to be recognized as less harmful. But it *is* a chemical stimulant for your heart and other bodily processes; it *does* tend to make it more difficult for you to be fully in touch with what your body is trying to tell you for your own good: it *is* the use of an external crutch rather than drawing upon your own, internally-generated sources of energy. And it is also the case that once you create a society in which the use of chemical stimulants is openly encouraged by government, and force-fed by massive corporate advertising programs, it becomes very difficult—politically, physiologically, psychologically, and logically—to start drawing fine lines between the socially prestigious, and the socially ostracized chemicals.

Those who have not yet seen the relationship of advertising to our nation's ills are getting a glimpse of it this week and last as we examine at close range what advertising has done to another area of American life: government and politics. Joe McGinnis described President Nixon's 1968 advertising-agency-directed campaign for us in *The Selling of the President*. Senator Ervin is now describing President Nixon's advertising-agency-managed Administration for us in the Watergate Hearings.

The collection of $50 million from corporate executives, many—if not most—of whom would be seeking favors (at the consumers' and taxpayers' expense) from the Presidential candidate if he was successful. The subsequent dispensing of those favors as but a quid-pro-quo. The use of burglaries and wiretapping—even of one's own employees. Efforts to manipulate the media to censor and present the best image possible. The cover ups and the lies. We have been shocked with the stark relief of the picture laid before us. Of men with no human values or even, seemingly, emotions.

Why should we be? Isn't this sordid picture only symptomatic of what the motives of greed have done in other areas of our lives where materialistic consumption has been fueled by massive advertising campaigns totally devoid of humanistic concern? Listen to your radio; watch television; look out at the sea of neon advertising lining the freeways to suburbia's shopping plazas; walk along an oily beach; try to fish in a polluted river; read the ingredients on your favorite pre-packaged foods.

Yes, gentlemen, there is a lot we have to educate our young people about to help them deal with drugs. I have tried to contribute a little high school and college text of my own, the Bantam paperback *Test Pattern for Living*, a copy of which I have submitted for your Committee's files. But I am fearful that any effort to treat a "drug problem" apart from the materialistic life style of American advertising of which it is such a natural component is doomed to frustration and failure. Many Americans are trying alternative life styles that seem to work better. I commend them to your attention.

Mr. BRADEMAS. Thank you very much, Mr. Johnson, for a most eloquent and powerful sermon—I think you would not disagree if I were to so describe it—I find myself in agreement with most of what you say.

I think it is also significant that the witnesses before you, speaking from different backgrounds, all made a strong point of the importance, as we looked at the problem of drug abuse education, of regarding it as being more than an intellectual or pathological problem. They seemed to think that it had to be seen in the context of the total circumstances of people, and I find your statement being in effect an extrapolation of the kinds of points that they were making here. That is to say, we cannot get a handle on the drug abuse education program unless we look at the broader context in which the problem of drug abuse arises.

I would ask you a particular question given your distinguished service as a member of the Federal Communications Commission, and, in particular, your knowledge of that field. I would be grateful if you would make some comment following what you said about a year or so ago at a conference of drug educators—a comment about (*a*) the impact of antidrug media spots, and (*b*) about the problem of the advertising of legal drugs as those two problems relate to the abuse of dangerous drugs.

Mr. JOHNSON. Yes, I would be happy to. I believe the conference you referred to is that sponsored by the National Council of Churches of Christ.

Mr. BRADEMAS. That is right.

Mr. JOHNSON. There are a number of things that can be said about drug advertising on television. Presumably the less controversial would be simply to make the observation that there is some correlation between the advertising of drugs on television and the consumption of those drugs. Presumably the drug companies are not run by fools although other characterizations might be appropriate and they see some correlation between their advertising budgets and the sale of their products. So an ill lies in the mouths of drug companies and broadcasters to argue that drug advertising does not influence the sale of drugs.

The somewhat more argumentative point would be to suggest that there is a correlation between the consumption and encouragement of the use of the drugs which are being advertised and the use of drugs which are not being advertised, the so-called hard drugs. But here again I come back to the kind of point that I made in my statement this morning. It just seems to me very, very difficult to draw lines between different kinds of chemical stimulants and chemicals of various kinds that people take for mood-altering purposes.

One of the most obvious is the caffeine in coffee which I referred to in a part of my statement that I didn't cover orally. It is a stimulant, it does help to make it more difficult for you to understand what is going on inside your own body. Nicotine in cigarettes, alcohol in beer and wine. All these things are advertised on television. Tranquilizers like Compoz—"Step into a quiet world with Compoz" and so forth. Sleeping pills, Nytol. Various kinds of pep-me-ups and calm-me-downs and whatnot that are readily available in this country.

The use of alcohol is accompanied with governmental and corporate sanctions as a socially prestigious thing to do. So far as I know alcohol is still being served in the White House, notwithstanding the fact that alcohol is by any conceivable measure that Nation's No. 1 hard drug in terms of number of lives affected, in terms of the number of people who die every year as a result of it, in terms of the impact upon health which is irremedial. Unlike heroin where the health of the addict can be improved, the health of the alcoholic cannot be and in many cases causes permanent damage in terms of the economic impact upon our society.

Any measure you care to use, alcohol is clearly the No. 1 hard drug in this country and yet the Government sanctions the use of alcohol at every level, as I indicated, from White House cocktail parties, from shipments of beer to our servicemen overseas, widely advertised on television. Beer and wine, hard liquor, is used in the entertainment programs in ways that commend its use to others. So it seems to me undisputable that we are in fact encouraging a drug life through what we advertise on television.

More generally, as I was pointing out in my statement, it seems to me this is simply a part, however, of our emphasis on externals—that the same motivation that urges you to look to your car or your house or your clothes as the indicia of your identity is surely no more distant than a third cousin to the line of argument that suggests that your inner moods should be a function of an external chemical of some kind which you take. Both are suggesting that you should ignore the divine quality that lies within you, that you should ignore your own physical health, that you should ignore your own self-development as an individual and that your state of well-being and your social status are things that come to you as a result of things external to your own body and soul.

As for the antidrug ads it seems to me there is considerable question, and you probably have more evidence before you now on this than I have in my own knowledge, but it seems to me at least there is considerable evidence as to whether they are not doing more harm than good. Wheels argued in his book that he believes the way in which we are going about dealing with the drug problem has become the drug problem and I find that persuasive but I must say I don't have the data or the polls or whatnot to back it up.

Mr. Brademas. Thank you very much, Mr. Johnson, for a most eloquent statement. We are very grateful to you.

Mr. Meeds.

Mr. Meeds. Thank you very much, Mr. Chairman.

I, too, note the similarity between the many things that you mentioned and the summaries of other witnesses describing world problems and problems of self-valuation as being the major problems behind the drug problem in the United States. In other words, it is manifestation of deeper problems.

I was also struck by your description of loneliness being one of the major problems. For your own information, in a survey taken at Western Washington State College in my district by a drug education group in which students replied to questions themselves the No. 1 element or the elements which appeared most often in those students' own summaries of their own problems and drugs was loneliness in that group. I though you might be interested in that.

Mr. Johnson. I would say that is inevitable unless a person has a sense of sort of divine quality that he possesses in his relationship to the whole Earth and other plant and animal life and his being a part of this whole flow and cosmos. Unless you have some sense of that, you are going to have a feeling of emptiness, you are going to have a sense of purposelessness, you are going to be inquisitive by nature because the physical possessions you have are the only things you have.

You are going to be into all kinds of chemical stimulants because you don't know how to bring forth that strength and energy and power and force that lies within you, and until you can offer that to people it seems to me that drugs are inevitable. As one beer company used to advertise, "In this great American land of ours beer belongs, enjoy it." Well, in this American land of ours drugs belong and they are going to continue to be enjoyed until something is done about that great American land.

Mr. Meeds. Thank you.

Thank you, Mr. Chairman.

Mr. Brademas. Thank you, Mr. Johnson. We appreciate your coming.

Mr. Johnson. Thank you.

Mr. BRADEMAS. Our final witnesses today are Dr. Raymond Peterson, representative of the Council of Chief State School Officers, accompanied by F. John Kelly, executive director of the Council on Drug Abuse Control, Richmond, Va., and James Keim, director of the drug education training program for the Maryland State Department of Education.

STATEMENT OF DR. RAYMOND PETERSON, REPRESENTATIVE, COUNCIL OF CHIEF STATE SCHOOL OFFICERS, WASHINGTON, D.C., ACCOMPANIED BY F. JOHN KELLY, EXECUTIVE DIRECTOR, COUNCIL ON DRUG ABUSE CONTROL, RICHMOND, VA.; JAMES KEIM, DIRECTOR, DRUG EDUCATION TRAINING PROGRAM, MARYLAND STATE DEPARTMENT OF EDUCATION; AND GENE BASS, DIRECTOR, PROJECT DAWN, BALTIMORE, MD.

Mr. BRADEMAS. We will ask that you not read your statements, we will insert them in the record, and then we will put questions to you right off the bat. Is that agreeable?

Dr. PETERSON. Yes.

Mr. BRADEMAS. Good.

[The statements follow:]

STATEMENT OF DR. RAY PETERSON, DIRECTOR FEDERAL LIAISON, COUNCIL OF CHIEF STATE SCHOOL OFFICERS

Mr. Chairman, members of the subcommittee, I am Ray Peterson, Director of Federal Liaison for the Council of Chief State School Officers. The Council represents Commissioners and Superintendents of Education from all of the States and territories.

I appear in support of HR 4715, a bill to extend the Drug Abuse Education Act of 1970 for 3 years.

I appreciate the opportunity, Mr. Chairman, to appear before your Subcommittee this morning. The Council would like to express its appreciation to you and to your Subcommittee for your continued constructive support for education programs over the years.

The education community is currently discussing with members of Congress the renewal of federal legislation for elementary and secondary education. As you know, CCSSO supports the renewal of the Elementary and Secondary Education Act which will expire at the end of fiscal year 1974. We are also engaged in discussions with your Committee as to the form of possible legislation for general aid to education. We also support consolidation of some federal programs.

Over recent years federal categorical programs in education have highlighted national priority needs in the schools. The titles of the Elementary and Secondary Education Act have succeeded in this regard, and the legislation before you today is another example. We know you agree, however, that the administration of many of the categorical programs has caused unnecessary burdens on state and local administrators through multiple applications, grant accounting, and evaluations. We wholeheartedly support HR 4715 which you consider today. We would like to continue to work with your committee, however, in the months ahead to determine means through which national priority programs can be administered more efficiently through consolidated application, grant, and evaluation procedures.

I believe the basic general question before your Subcommittee today Mr. Chairman is whether the federal government believes that our public education system can help alleviate a grave national social problem. The question has two parts: a) should we devote more resources to education against drug abuse than we devote to law enforcement or rehabilitation? and b) are the public elementary and secondary schools the most effective institution for educating the public about the dangers of drug abuse?

It is the current position of the President that other major national problems such as environmental protection need not be addressed through federal grants to the public schools. Of course the broader context Mr. Chairman, also includes the fact that this Administration proposes to devote 20% less of federal dollar resources to education in fiscal year 1974 than the federal government allocated in fiscal year 1972.

ADMINISTRATION FISCAL YEAR 1974 BUDGET AND PROGRAM PLANS REJECT OE EFFORTS

We note that the Nixon administration has requested no funds for the implementation of PL91-527, the Drug Abuse Education Act of 1970. Only 3 million dollars has been requested for OE, and this is under authority of public law 92-255, the Drug Abuse Office and Treatment Act of 1972.

The Council of Chief State School Officers feels that this action by the Administration is most shortsighted. We note the budget rationale which says

"Although the problems addressed by these programs are still very much present, it is believed that the federal support provided to date has focused sufficient attention on these problems and has provided models for dealing with them so that the federal effort can now be diminished and increased reliance placed upon state and local agencies for continued work in these areas."

We do not agree that sufficient attention has been focused on these problems, as it is clear that drug abuse continues to increase among school age children and in the population generally. We do agree that some educational models have been provided by the federal program for dealing with drug abuse, but it is also clear that the fiscal problems faced by educators at the state and local levels will prevent state and local authorities from providing adequate resources to deal with drug abuse without additional federal assistance.

We cannot help but note that when the Nixon Administration wishes to reduce funding education or other social programs, the budget justification can be developed from either of two opposing arguments. In the case of Community Action Programs or Model Cities, the argument is made that the activities supported by federal dollars have failed and therefore should be discontinued. In the case of USOE efforts in drug abuse education, the opposite argument is used, that the program has succeeded in providing models and therefore should be cut back and eventually terminated.

We believe that the Congress has acted positively since the passage of the Drug Abuse Education Act of 1970. In 1972 the Congress provided 13 million dollars, or double what had been requested in the Administration budget for this program. Now your Committee is considering a further responsible step, the provision of modest increases in the authorization for the continuation of this program. The Council of Chief State School Officers endorses this approach.

Further analysis of the Fiscal Year 1974 Budget is enlightening on the subject of drug abuse education. The Administration intends to spend twice as much money for drug abuse law enforcement, treatment and rehabilitation, as it would spend on prevention.

The Budget proposes to increase law enforcement against drug abuse by $93 million dollars between 1972 and 1974. However, education and informational efforts in all agencies to prevent drug abuse have increased only $20 million dollars in the five years 1969-1974. Other reversed priorities: The Department of Justice will receive $8.4 million dollars in 1974 for abuse prevention, while the Office of Education receives only $3 million. The Administration would spend $95 million dollars for abuse prevention among adults through the Department of Defense and the Veteran's Administration, more than 30 times what it proposes to spend for the education of children against drug abuse. We believe such an approach is irrational, and ignores the possibility of reducing untold human suffering through the application of increased resources to abuse prevention in the schools.

The Administration proposes to transfer much of the drug abuse education effort to the National Institutes of Mental Health (NIMH). However close examination of the NIMH budget reveals that treatment and rehabilitation will receive $160 million as opposed to only $15 million for training toward the prevention of drug abuse, and only $9 million dollars for education and information efforts against drug abuse.

The Council of Chief State School Officers is supportive of a comprehensive approach on the part of the federal government to deal with all aspects of drug abuse problems. We feel that the establishment of the Special Action Office for Drug Abuse Prevention in the White House as a central coordinating authority is a proper step. The transfer to NIMH of overall responsibilities for the development of information and approaches to the drug abuse problem may be justifiable when the National Institute on Drug Abuse becomes operative in NIMH. We object, however, to the transfer of programs formerly administered by the U.S. Office of Education such as community-based projects and regional training centers funded under the Drug Abuse Education act of 1970. There is no reason that new approaches to drug abuse prevention developed under a comprehensive effort led by NIMH could not be transferred to the U.S. Office of Education and used in the public schools through an expanded educational effort under the auspices of your legislation, Mr. Chairman. If this administration does not believe in the public schools as a basic social instrument for transmitting new information about human health and welfare, it should say so clearly.

USOE ALLOCATIONS REQUIRE REEVALUATION AND REORDERING

It appears to us, Mr. Chairman, that the U.S. Office of Education FY 1973 allocations of the funds available under the Drug Abuse Education Act have allotted relatively too much money to colleges and universities. We note that 30% of the 12 million dollar appropriation has been channeled through colleges and universities. Much of the criticism of existing drug abuse education programs in the schools has specified that students find the materials and methods irrelevant and patronizing. It would seem to us that the gap between university staff and young people on the question of drugs would be greater than might exist between students and practicing educators or students and concerned members of their own communities. While universities received more than 3.5 million dollars in fiscal 73, the state education agencies received 2 million dollars and the community portion of USOE allocations also contained only 2 million dollars, exclusive of minigrants.

In general, the spectrum of USOE grantees including state education agencies, community-based groups, local education agencies, colleges and universities, regional training and research centers, the National Action Committee, and the National Training Center seems reasonable. I am not an expert in the drug abuse education field Mr. Chairman, and I will defer to the experienced gentleman with me here this morning on specific aspects. However, I believe that the funding of state education agencies for purposes of coordination and dissemination of drug abuse education efforts, as provided for in your legislation, and as carried out by the U.S. Office of Education is appropriate and effective. If the regional training and research centers provide competent training and usable materials, their support and the use of minigrants to bring teams of community persons to the regional centers seems a reasonable approach.

We note that in 1973 USOE allotments, allocations to major urban centers including New York City are not prominent or proportionate. Our analysis indicates only 3 million dollars were alloted to large cities exclusive of minigrants, and these funds are not concentrated to our knowledge in the major urban centers like New York City. We note Mr. Chairman that Congressman Peyser has introduced legislation, HR 4976, which has 2 provisions which are pertinent and should be supported. That legislation would provide for some allotments on the basis of the number of addicts per jurisdiction. We would urge your consideration of that approach. The bill also includes a provision that the Secretary should give special consideration to funding for urban areas. We believe you have expressed support for that concept in the past, Mr. Chairman, and we would urge it.

A DEVELOPMENTAL APPROACH IN THE SCHOOLS MUST BE CONTINUED AND SUPPLIED WHILE EVALUATION IS CARRIED OUT

We know and share your concern, Mr. Chairman, that the materials and methods developed by these funds be relevant and effective, and that the number of children in the schools whose perceptions and behavior patterns are altered through the use of these funds be increased. I hope that the gentlemen with me this morning can further enlighten you on these topics.

The Council would suggest two additional substantive modifications in the bill. We would like to see incentives to emphasize drug abuse education in elementary education rather than secondary schools. Secondly, the legislation should clearly encourage proposals which make drug education part of comprehensive health education programs.

It is clear in many areas of education that national efforts must be mounted in the schools to reduce injustice or major injury to the public interest even though educational remedies are not fully understood. This is clearly the case in school desegregation, for example, even as it is true in drug abuse education. The national interest clearly dictates however that we must make beginnings by exposing students to what is known about the alleviation of these problems, emphasizing interim evaluations and review as we proceed. We reject, however, the Administration claim that a moratorium must be called on drug abuse education efforts in the schools while federal reorganization and coordination is brought along to provide new research and efficiency. This is essentially a know-nothing approach which reasonable men reject. We note also that the Administration is calling for no such moratorium on drug law enforcement, treatment, and rehabilitation, about which little more is known than is known in the area of drug abuse education.

Your committee might wish to mandate research into drug abuse education by the National Institute of Education.

Also, Mr. Chairman, some have said that it is not possible to provide useful models for drug abuse education from the U.S. Office of Education or a state education agency. While we believe it is true that no single model or several models may be applicable to every local educational situation, we believe that the federal government, regional centers, and state education agencies are in a position to disseminate alternative approaches which can be adapted by local units to meet their local needs. We believe that state education agencies, working with federal officials and regional and university sources, have done an effective job in this area, and that state education agencies should be given increased support for this work. The Chief State School Officers are committed to finding education methods for alleviating drug abuse.

STATEMENT OF JAMES T. KEIM, DIRECTOR, MARYLAND DRUG EDUCATION TRAINING PROGRAM

Mr. Chairman and members of the Subcommittee, I am James Keim, Director of the Drug Education Training Program for the Maryland State Department of Education. I would like to report to the committee briefly on the progress Maryland has made in drug education programs as a result of the Drug Abuse Education Act of 1970. The drug education training program has progressed from drug awareness to community assessment to teacher and counselor training.

In 1970, the State Department of Education received $59,439.00 to implement a drug awareness program that would reach virtually every teacher in the State. This was accomplished by training a State Leadership team which would, in turn, train leadership teams in each county and Baltimore City. The State Team consisted of seven members, three who were full-time staff with the State Department of Education and the remaining four, who were on loan for 75 days from various agencies to work on the drug education program. The State Leadership Team (composed of youth, educators, and representatives of several agencies) received intensive training at the University of Wisconsin and then returned to the State to develop four one-week regional workshops throughout Maryland between October and December.

Each county was requested to send a leadership team to the regional workshops. The local teams were composed of parents, students, educators, and community officials. Working as teams, they openly discussed drug abuse problems and became increasingly aware of their ramifications in the school, community, and personal life of the drug user. Skits, films, learning centers, and discussions with ex-addicts were part of the workshop format.

The local team also developed a plan of action to bring drug awareness to the community and school at the local level. The plans of action varied. Some school systems closed two days while the entire educational staff participated in a drug awareness program. Other school systems held two-day programs for teams from each school within the system. These teams were to return to their schools and develop an awareness program. Still others developed teacher inservice semester workshops and evening programs for people from the community. (Appendix A) As a result of the dedicated effort of the local teams, a total of approximately 20,000 persons had received training in drug awareness by July, 1971. The funds from the Drug Abuse Education Act helped set in motion the multiplier effect of drug awareness training from the State Leadership Team to the individual teacher and parent in each county. A few of the local teams are still functioning and conducting teacher drug education inservice programs for their counties.

The Second Year Program continued the drug awareness programs started the first year. But along with drug awareness, the Drug Education Training Staff of the State Department of Education developed a pilot program, "Drug Abuse: An Inquiry Approach to a Community Problem." The objectives of the program were to involve educators, students, and the community in a project designed to assess the needs and resources of their local communities concerning drug education, prevention, and rehabilitation. They also gave students practical experience in the inquiry approach to problem solving to help them to become better decision makers in their personal lives. Fourteen high school classes throughout the State participated in a drug usage study to analyze their local community for resources and needs in working toward a solution to the drug problem. This was a new approach in education: students were allowed to become involved in working toward a solution to a community problem. The program was generally successful and is being continued in some schools this year. The second year of the program was funded for $34,450.00.

The Third Year Program has concentrated on teacher and counselor training. A week-long Drug Counseling Workshop, incorporating a portion of a new program developed by the National Institute of Mental Health called The Social Seminar, was developed along with role play counseling situation, sessions on pharmacology of drugs, and the law of confidentiality. (Appendix B) The workshop was piloted in December 1972 and January 1973 in the Southern Maryland counties of the State. We have presently scheduled four Drug Counseling Workshops in other areas of the State for the fall. Also five Social Seminar Workshops, each a week in length, have been conducted for various school systems. They include not only educators but also representatives from community agencies. In some instances, the local systems have provided the same teacher training for inservice credit. Social Seminar Workshops for the fall and next spring are being scheduled at this time. All facets of the community have provided training facilities for our workshops free of charge, such as churches, community colleges, hospitals, counseling centers, and military bases.

Besides implementing programs, the Drug Education Staff has served on the Drug Counseling Guidelines Committee which provided protection for students seeking help with a drug problem. (Appendix C). In addition to the guidelines developed for educators, a pamphlet "Drugs and You" was distributed to every public secondary school student in the State. (Appendix D).

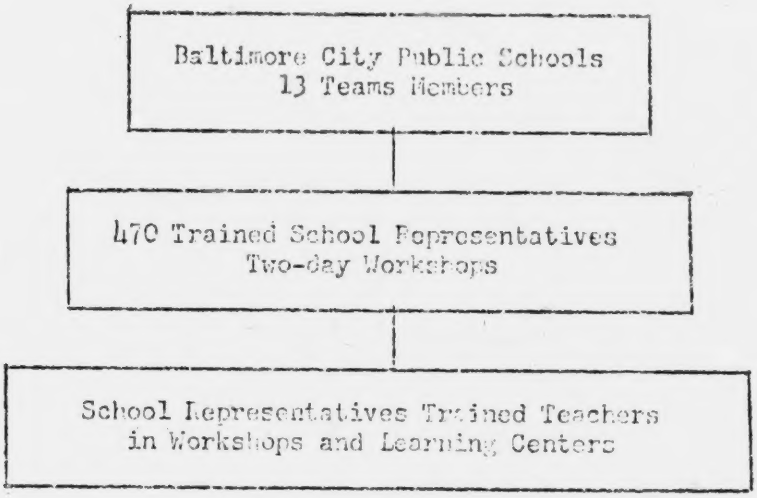
The staff has also served on the Advisory Council to the Maryland Drug Abuse Administration and the Governor's Youth Advisory Council Subcommittee on Drugs.

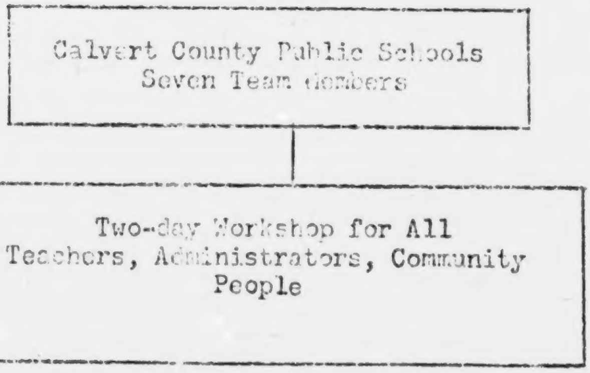
The State Department of Education has initiated a new program "The Socio-Psychological Approach to Drug Education" as an integral part of their Health Education Program. This high school semester course is a drug education approach that will help students to understand their emotional needs and to explore potentially successful ways of meeting those needs before becoming physically or emotionally dependent on drugs. Through informal discussions with students who have participated in the course, students, have recommended that it be implemented in all schools and that all teachers should be required to participate in the training. A few quotes from students concerning the course are "The course helped me become aware of other, more positive solutions than turning to drugs" and "It's not like any class I've ever had. We were able to talk about problems and issues that mattered to us." The Maryland State Department of Education is taking this approach to drug education programs for students.

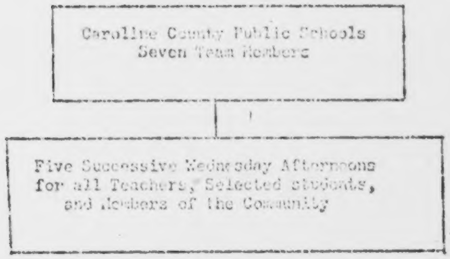
The funds received for the State of Maryland from the Drug Abuse Education Act of 1970 have developed drug awareness for thousands of people, teacher training in drug education, and secondary school counselor training in drug counseling techniques. This would not have been accomplished without federal funds, but we have only just begun.

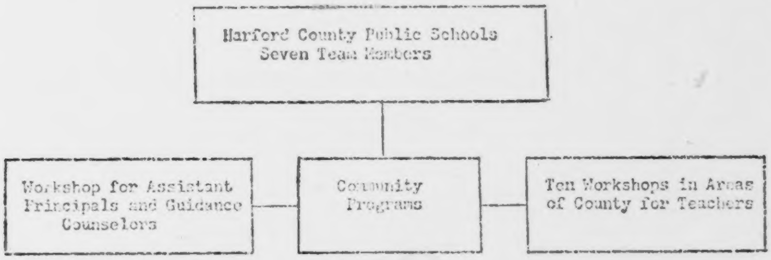
Appendix A

EXAMPLES OF LOCAL TRAINING PROGRAMS


Baltimore City Public Schools
13 Teams Members
470 Trained School Representatives
Two-day Workshops
School Representatives Trained Teachers
in Workshops and Learning Centers


Calvert County Public Schools
Seven Team Members
Two-day Workshop for All
Teachers, Administrators, Community
People


Caroline County Public Schools
Seven Team Members
Five Successive Wednesday Afternoons for all Teachers, Selected students, and Members of the Community


Harford County Public Schools
Seven Team Members
Workshop for Assistant Principals and Guidance Counselors
Community Programs
Ten Workshops in Areas of County for Teachers

APPENDIX B

COUNSELOR TRAINING WORKSHOP

Objectives

Participants should gain:

1. Comfort in dealing with youths involved in drugs.
2. Discussion facilitating skills.
3. Awareness of group dynamics.
4. Awareness of the psycho-social implications of drug-taking behavior.
5. Awareness of pharmacological aspects.
6. Awareness of the array of techniques designed for effective behavior and attitude change in students.
7. Awareness of local drug-usage stituation.

First day

9:00– 9:30 Registration
9:30– 9:45 Welcoming Remarks
9:45–10:45 Name Game: Bingo
10:45–11:15 Film: "Drugs: Facts Everyone Needs to Know
11:15–12:00 Student from University of Maryland School of Pharmacy, Question and Answer Period
12:00– 1:00 Lunch
1:00– 1:10 Energizer
1:10– 2:00 Expectations
2:00– 2:15 Film: "Social Seminar Overview"
2:15– 2:45 Film: "Changing"
2:45– 3:30 Discussion
3:30– 3:45 Closing

Second day

9:00– 9:15	Energizer
9:15–10:15	Drug Usage in Area: Students from Local High School
10:15–10:30	Coffee Break
10:30–11:30	Film: "Brian at 17"
11:00–12:00	Discussion
12:00– 1:00	Lunch
1:00– 1:15	Energizer
1:15– 2:00	Counselors from Local Crisis Center
2:00– 2:30	Introduction of Youth Culture Series Film: "Bunny"
2:30– 3:00	Discussion
3:00– 3:20	Film: "Teddy"
3:20– 3:45	Discussion
3:45– 4:00	Closing

Third day

9:00–10:00	The Squares Game
10:00–11:00	Drug Counseling Approaches: Art Nemitz, Montgomery County
11:00–11:15	Film: "Guy"
11:15–12:00	Discussion
12:00– 1:00	Lunch
1:00– 1:15	Energizer
1:15– 3:00	Drug Counseling Approaches: Charles Coleman, Baltimore County
3:00– 3:45	Role Playing
3:45– 4:00	Closing

Fourth day

9:00– 9:15	Energizer
9:15–10:00	Film: "News Story"
11:00–12:00	Listening/Hearing Skills
12:00– 1:00	Lunch
1:00– 1:15	Energizer
1:15– 1:30	Film "Counseling: Critical Incident"
1:30– 2:45	Role Play Counseling Sessions
2:45– 3:00	Explanation of Simulation Game
3:00– 3:15	Closing

Fifth day

9:00– 9:15	Energizer
9:15– 9:45	Film: "Community in Quest"
9:45–12:00	"A Community at the Crossroads"
12:00– 1:00	Lunch
1:00– 1:30	Critique
1:30– 2:00	Evaluation

APPENDIX C

Resolution No. 1971–50, Maryland State Board of Education, August 25, 1971

Whereas the State Board of Education has directed that a committee be appointed to develop guidelines to help educators in counseling with students concerning drug abuse problems in accordance with the passage of House Bill 455 and in accordance with the recommendations of the Advisory Committee on the Educational Aspects of Contemporary Issues; and

Whereas this committee has been meeting diligently since June 15, 1971; and

Whereas this committee has concerned itself primarily with producing guidelines for use by educators who are in the helping role with students seeking to overcome drug involvement; and

Whereas this committee has developed a report and recommendations: Now, therefore, be it

Resolved, That the State Board of Education hereby accepts with gratitude the "Report of the Drug Counseling Guidelines Committee, dated August 25, 1971; and be it further

Resolved, That the following recommendations within the report are adopted by the State Board of Education, effective August 25, 1971:

1. That the guidelines be edited for publication and distributed to the 24 local school systems with the request that the guidelines be adopted and used as written for a one-year period,

2. That the State Superintendent be directed to appoint a task force to review the validity of drug counseling guidelines and other disseminated information, to suggest needed modifications, and to propose State Board of Education action required by such changes after a one-year period of use.

3. That the State Department of Education be directed to undertake a program of dissemination of information to students, parents, and educators about current laws pertaining to drug abuse, about the rights and responsibilities implied by these laws (particularly those associated with the new law on confidentiality in drug counseling), and other such information as may be useful in creating the most beneficial atmosphere in schools for helping drug-involved youth. The program should be initiated prior to or concurrent with the beginning of the 1971–72 school year. Information pertaining to the Maryland Law on Drug Abuse on pages 3, 4, and 5 of the guidelines should be disseminated to students and the general public.

4. That the State Superintendent be directed to request that the State Drug Abuse Administration classify fully certified school counselors, registered school nurses, and vocational rehabilitation counselors employed in the schools, as protected under the provisions of H.B. 531 (Chapter 780, Laws of Maryland, 1971) from court action arising from counseling with or treating drug-involved youth.

5. That the State Board of Education affirm clearly that educators who are acting within the provisions and intent of the educator-student drug confidentiality law shall be protected from administrative reprisal or action.

6. That the State Department of Education be directed to continue its several drug education programs for professional educators, students, and the community; and that the Department further provide specific inservice education in drug counseling for school counselors and other pupil services practitioners who will serve as resource persons in the schools.

7. That the State Department of Education be directed to include the revised publication, *Some Facts about Drug Abuse*, prepared by the Maryland Drug Abuse Administration in the materials to be disseminated to all educators.

REPORT OF THE DRUG COUNSELING GUIDELINES COMMITTEE

PREFACE

The State of Maryland, through such agencies as the State Department of Education and the Drug Abuse Administration, is engaged in programs of drug education and rehabilitation. With the passage of House Bill 455, the potential for drug rehabilitation has been extended to the educational enterprise. While the Committee recognizes the importance of drug education and enforcement procedures, it has concerned itself primarily with producing guidelines for use by educators who are in the helping role with students seeking to overcome drug involvement. The Committee has accomplished much in a short period of time and we are grateful for this. We would also like to acknowledge the efforts of the following consultants: Mr. Malcolm Kitt, Assistant Attorney General; Mr. Jim Keim, Director, State Drug Awareness Program; and Dr. Frederick R. Keyton, State Coordinator of Pupil Services.

JOHN S. JEFFREYS,
Chairman, Drug Counseling Guidelines Committee.

MEMBERS OF THE DRUG COUNSELING GUIDELINES COMMITTEE

1. Dr. John S. Jeffreys, Chairman, Consultant in Guidance, Maryland State Department of Education.
2. Dr. Arnold Amass, Member, Board of Education of Carroll County.
3. Mr. Thomas Boller, Student, South Carroll High School, Carroll County.
4. Dr. J. D. Drinkard, Psychiatrist, Baltimore County.
5. Reverend Frederick Hanna, Rector, All Saints Episcopal Church.
6. Mr. Wilbur Hoopengardner, Superintendent of Schools of Caroline County and Chairman, Superintendents Committee for Educational Programs.
7. Mr. Walter Levin, General Counsel, Maryland State Teachers Association.
8. Mrs. Hubertine Marshall, Drug Abuse Administration, State Department of Health and Mental Hygiene.
9. Sergeant Frank Mazzone, Vice and Narcotics Unit, Maryland State Police.
10. Miss Betsy McKay, Assistant in Drug Education, Maryland State Department of Education.
11. Delegate Steven V. Sklar, Maryland House of Delegates.
12. Mr. Arthur Nimetz, Counselor, Woodward High School, Montgomery County.

Consultants

1. Mr. Malcolm Kitt, Assistant Attorney General, Maryland State Department of Education.
2. Dr. Frederick Keyton, State Coordinator of Pupil Services, Maryland State Department of Education.
3. Mr. Jim Keim, Director, State Drug Awareness Program, Maryland State Department of Education.

INTRODUCTION

Legislation recently enacted in Maryland encourages students to turn to educators for help with drug abuse problems. The law protects the student and educator in such relationships from divulging any information discussed (See Appendix B). These guidelines will provide legal implications as well as offer suggestions on how educators can be most effective in the helping relationship.

There are sources of professional help for drug involved youth in every county and educators should make use of these resources when needed. As with any sensitive problem, any additional help should be sought without destroying the confidentiality of the relationship between student and educator. Students should know that there is a continuing concern on the part of the educator even when other resources are used. The thrust of all efforts should be to reinforce the help-seeking behavior of students with drug problems so that they will turn to educators where, very often, some sense of rapport has already been established.

It is important for all school personnel to be aware of the distinction between students seeking help and those who are violating the law. The law regarding drug abuse clearly provides penalties for convicted violators. Members of the school community are subject to these laws on school grounds as well as off, and school personnel have the same responsibility as every other citizen to uphold the law. All incidents concerning possession or distribution of illegal drugs on school grounds should be reported by school personnel to the principal. (The new law provides protection of information received or observations made by educators *only* during a drug counseling/student-information seeking session.) If the principal finds violations of the law, he should report this to the parents or guardian of the student and to the appropriate law enforcement authorities.

These guidelines are not intended to take the place of the professional judgment of educators. They are offered as a suggested framework for individual counseling sessions with students who seek your help in matters related to overcoming drug use. The guidelines will be subject to future review, and input from Maryland educators will be solicited.

This report is divided into three parts: the guidelines for educators, recommendations to the State Board of Education, and appended documents. The guidelines are further divided into those concerned with legal implications, those dealing with general professional considerations, and those associated specifically with the helping relationship or the counseling process.

MARYLAND LAW ON DRUG ABUSE—ANALYSIS AND INTERPRETATIONS

I. Students Seeking Advice from Educators for Drug Abuse Problems

A. Maryland law encourages and protects those students who seek information from teachers on how to overcome drug abuse problems.

B. Whenever a student seeks information for overcoming a drug problem from any educator (teacher, counselor or other pupil services specialist, administrator), no statement made by the student or observations made by the educator during the information/counseling session, is admissible in any proceeding. This means no criminal conviction or school disciplinary action can result from what was said or done during this conference between the student and educator.

C. Educators who meet with students are under no legal duty to inform the parents of that student about his or her visit or drug abuse problem.

D. The law further states that educators cannot be compelled by the school administration or other authorities to divulge the identity of any sudent who seeks drug abuse informaion.

II. Student Seeking Treatment from Medical Personnel for Drug Abuse Problems

A. Any young person, including those under eighteen years of age, may be treated by a physician for any form of drug abuse without his or her parent's consent. The treating physician is under no legal duty to inform the parents of any minor under his treatment for drug abuse.

B. Whenever a person seeks counseling or treatment for drug abuse from a physician, psychologist, hospital, or authorized drug abuse program, no criminal convictions may ensue from the contents of those sessions.

The law guarantees that any statement made by a person seeking help or any observation made by the one treating him is not admissible in court or in any other proceeding.

III. Drug Violations Under Criminal Law

A. It is unlawful to distribute (to transfer, with or without the exchange of money) any drug which is defined as a controlled dangerous substance. This crime is a felony and is punishable on the first conviction by a maximum of 20 years imprisonment if a narcotic drug is involved, and five years if a non-narcotic drug.

B. It is unlawful to possess (to have control over) any drug defined as a controlled dangerous substance. This crime is a misdemeanor and punishable on the first conviction by a maximum of four years imprisonment. Possession of marijuana is punishable on the first conviction by a maximum of one year imprisonment.

C. It is unlawful to distribute or possess controlled paraphernalia. "Paraphernalia" includes hypodermic syringes, needles or other instruments used to administer drugs, as well as gelatin capsules, glassine envelopes, and other packaging or equipment intended to be used in the distribution of drugs. This crime is a misdemeanor and punishable on the first conviction by a maximum of four years imprisonment.

D. Second and subsequent convictions under Maryland's drug laws are punishable by a maximum of double the sentence for first convictions of that offense.

E. When any person is convicted of a first offense under Maryland's drug laws, the court in its discretion may place the defendant on probation without finding a verdict of guilty. Upon successful completion of the term of probation by the defendant, the court shall discharge the proceedings and order all criminal records be expunged.

GENERAL PROFESSIONAL GUIDELINES

I. Every case in which a student seeks counseling or information from a professional educator for the purpose of overcoming drug abuse must be handled on an individual basis, which will depend upon the nature and particulars of the subject cases. In determining what procedures might be appropriate, the educator from whom such information is sought shall consider the following factors:

A. Age of Student.
B. Type of Drug.
C. Intensity of involvement.
D. Sincerity of student and willingness to undertake appropriate treatment.
E. Resources available.
F. Parental involvement.

II. As in any good helping relationship the educator at the earliest appropriate time, is encouraged to discuss the availability of other resources, his professional limitations, and the desirability of parental involvement. Decisions to include parents should be made *jointly by the student and educator*, unless in the judgment of the educator, the mental or physical health of the child is immediately and dangerously threatened.

III. The new law on confidentiality places no duty on the part of educators to inform parents, administrators, or law enforcement personnel, of the identity of students seeking help for overcoming drug abuse problems.

IV. While confidentiality is a major force in enhancing help-seeking by current or potential drug abusers, educators are cautioned to obtain professional medical advice or to refer the student to the appropriate available medical facility, if there is an immediate and dangerous threat to the student's physical or mental health. As in the performance of any professional role, failure to act reasonably in a drug counseling case may subject the educator to civil liability.

V. Examples of immediate and dangerous threats to a student's health are: loss of consciousness severe intoxication, inability to communicate coherently or threat of suicide.

VI. When an educator comes into possession of a substance suspected to be a drug, the material should be placed in the custody of the principal who will contact the appropriate law enforcement agency. When such suspected substances are received by any member of the school faculty, the following steps should be taken:

A. Immediately place the substance in an envelope or other container and label the container with date, time, and circumstances. *NOTE:* When such substances are acquired by an educator *during a counseling/information-seeking conference*, the name of the *student should not be indicated*. In all other instances where an educator comes into possession of drugs, the name of the individual should be carefully noted.

B. Do not taste the suspected substance under any circumstances.

C. At the earliest opportunity, turn the material over to the principal who in turn will keep it under lock and key.

D. The principal or person holding the substance in every case should notify the local or State Police and turn over all substance to the police.

E. The educator should obtain a receipt from the principal, for the suspected drug. It should include a statement as to the quantity turned over. It should be remembered that no authority has been given to any school personnel to possess any prohibited drug or paraphernalia except during transfer to proper authorities. (See Appendix for Public School Laws—Bylaw (PS 349–351)—Reporting Crimes.)

VII. Helping role contacts with students seeking to overcome a drug problem should be held on school premises whenever possible.

VIII. If an educator feels he is incapable of providing adequate help for a student, or feels his counseling can no longer benefit the student, the educator and student should cooperatively seek additional professional help from available sources.

IX. Any written information pertaining to or about the information seeking/counseling session should be regarded as the personal notes of the educator. No record should be kept in any official school file or folder.

X. All educators should have access to a list of available resources in their community where students with drug problems may be referred for help. (It would also be beneficial to have in each school a drug resource person who could act as a sharing person to aid an educator involved in counseling a drug involved student.)

XI. In the general classroom situation, teachers should not attempt to diagnose symptoms of drug abuse. Because of the difficulty of determining such symptoms, it is suggested that if a student is physically or mentally incapable of functioning properly in class, he should be sent to the school health facility where the usual school health referral procedures should be followed.

THE HELPING RELATIONSHIP

Any educator—or almost anyone associated with the educational process—often finds himself suddenly thrust into the "helping" role when interacting with young people today. The "generation gap" is accentuated by such factors as the nature of youth's discontent and the means by which it is expressed. Thus, philosophically, the adult and youth may find themselves hopelessly opposed as each says the other will "never understand." Their positions become emotionally polarized as the adult says, "Get out and never come back" and the youth says, "O.K." Thereafter, each retreats to his own peer group and justifies his action. This sad prototype of interaction occurs daily in homes and schools all over the State. Too often the nature of the apparently insoluble conflict has to do with drug abuse.

Youth today, by virtue of its sophistication, has an uncanny accuracy for directing its plea for help to sympathetic adults. This, of course, does not imply sincerity on the part of either participant. The adult who feels the need to be liked by all students who confide in him should be wary that such a need has been discovered by the youngster and may not be in the student's best interest.

The nature of the counseling process is the simultaneous differentiation of roles and merging of goals between the two participants. It is a microspectrum of parenthood, but is presumably carried out between a mature adult and a youth who are not burdened by adverse emotional investment in one another. The process is destined to fail if the youth persists in justifying his behavior at the expense of a sincere introspective look at himself and if the adult agrees with this line of reasoning.

Students ask for personal help in drug matters in many ways. Sometimes the request is blunt—"I'm scared. I'm hooked on drug X." But more often the request is worded, "I know this guy who * * *," or "What would happen if * * *." Most often the questions come to the educator piecemeal as the student tests his response. Thus it is wise to employ similar rhetorical and abstract techniques in questioning and responding as that used by the student. For example, even if both teacher and student know that they are really talking about the student it should be the student who says, "That other guy I've been telling you about is really me." The educator should never forget that the diplomatic handling of this initial frustrating, tentative contact with the youngster may be life saving and that he has been chosen for this contact in lieu of all other adults including the youth's parents.

The following are offered as very general guidelines for individual counseling with students who seek your help in matters related to drug abuse. They are not intended to preempt your personal experience or judgment.

I. Initial Contact

Some students may be evasive, talk in the third person, begin with a safe topic and generally test the educator for some indication of the interest, sincerity, strength and drug awareness. Others may be blunt and shocking in their first contact, but they may also be testing for the above conditions.

II. Shock Material

Chronic drug-involved students sometimes attempt to shock the educator with a discussion of material which may seem initially overwhelming or appalling. Such material might include criminal behavior, severe depression, parental punishment, prostitution or homosexual behavior. Educators who find themselves unable to evaluate the real versus exaggerated meaning of such revelations of a student should obtain the advice of a local resource person.

Confidentiality should be maintained despite this outside-the-relationship contact. It is desirable that the student be made aware of the specific contact or be generally aware that the educator is involved in professional sharing of material discussed.

III. Third person reference

Should a student refer to his "friend's" drug problem, he may be talking about himself or he may truly be talking about a friend and not want to be identified. If he is talking about a real friend, the student should be told of the educator's position relative to the existing legislative provisions, i.e., protection of divulged information and requested to pass this on to the drug involved friend.

IV. Referral

No educator need feel locked into the role of confidential advisor to a student who asks for help in matters of drug abuse. Should a teacher, counselor or administrator feel unable to help a youngster who has selected him, the educator should attempt to refer the requesting student to a college or other available professional.

After a helping relationship has begun, both the educator and the student have the option to cease further sessions together. At that point, the educator may suggest an appropriate referral. If there appears to be an imminent threat to the physical or mental health of the student and the relationship has been terminated, a report must be made to some responsible adult such as a parent, physician, or school administrator, who can provide definitive help. It is desirable to inform the student of this.

V. Why me?

The crucial ingredient in counseling is a trusting relationship. The student has generally chosen the educator as an adult advisor and his reasons for that choice are usually unknown to both. The educator may have been presented to him as an authority by a fellow student or a colleague. The educator may have shown understanding in a personal or class discussion. His appearance may remind the student of a trusted (or vulnerable) person in his past or may have invited the confidence by his own feelings for the particular student. Whatever the reasons for getting together in the one-to-one counseling role, the educator had better take a careful look at those reasons. The initial question for a prospective teacher/counselor has to be "Why me?"

VI. Counseling Contract

Thereafter, the educator must deal with the counseling contract. There has to be tactful honesty. This need not be so negative as, "I'm not sure that you've come to the right person, Johnny." That turns a trusting kid off in a hurry and he's likely to agree and walk off. The educator can start off with an honest bargain by saying, "I want to help you, and I appreciate your trust in wanting to talk with me about this. I promise to listen to you and I'll do that with an open mind and no opinion about how bad or good drugs may be for you. I also promise to try to understand your point of view, no matter what you tell me. In return, I want you to tell me the whole story of you and drugs. I'm not interested in your supplier, just your habit. After you've finished, we'll talk over where we go from there. That means that you may be able to settle this between us or that we both may have to get help from someone else."

The counseling contract cannot contain definite bargains with absolute confining limits on the teacher like, "If I tell you, do you promise not to tell anyone?" The temptation to agreeing with such a bargain has been experienced by any adult confronted by a youngster in distress, but experience has likewise taught that refusal to compromise role responsibility is both immediately and ultimately the more respected position.

VII. Counselor role

The teacher/counselor has to avoid the role of policeman in a counseling situation. The policeman is often experienced by youth as a composite of arbitrary parental censure and prejudice. He is often seen as dumb, uninformed, hypocritical and impotent. First of all, the teacher has to avoid defending the traditional role of either parent or policeman as he recognizes his own role being threatened as the student reveals his own or reflects other's opinions on the absolutes of right or wrong. Secondly, the teacher has to be aware of the testing procedure of the student as he reveals information (often erroneous) about "this pusher, dealer, pharmacist, doctor of clinic." Possibly, the most difficult adaptation of the teacher/counselor is avoiding the censuring parent role and at the same time avoiding the role of an adult advocating illegal or self-destructive behavior. Some students suggest personal forms of blackmail such as, "If you tell any of this, I'll tell your son" or "If you only knew what your own kids were using." The temptation to reveal one's normal parental concern is obvious, but it may only be a testing procedure by the student sincerely seeking help. He is trying to discover your degree of prejudice against drug abuse.

RECOMMENDATIONS TO THE STATE BOARD

In order to provide continually for the most appropriate setting in which these guidelines will be used, the following additional recommendations are made. Upon acceptance—

I. That the guidelines be communicated to local boards of education with a request that the guidelines be adopted and used as written for a one-year period. An evaluation of the guidelines would be effected following the one-year period.

II. That a program of dissemination to students, parents and educators of current laws pertaining to drug abuse, of the rights and responsibilities implied by these laws (particularly those associated with the new law on confidentiality in drug counseling) and other such information as may be useful in creating the most beneficial atmosphere in schools for helping drug involved youth, be initiated prior to or concurrent with the beginning of the 1971–72 school year. Material pertaining to Maryland Law on Drug Abuse on pages 3, 4, and 5 will be disseminated to students and the general public. (See Appendix for proposed plan for dissemination to students.)

III. That an ongoing task force be appointed by the State Superintendent to review the validity of drug counseling guidelines and other disseminated information, to make needed modifications, and to propose State Board of Education action required by such changes.

IV. That the State Drug Abuse Administration be requested to classify: fully certified school counselors, registered school nurses and vocational rehabilitation counselors employed in the schools, as protected, under the provisions of H.B. 531 from court action arising from counseling with or treating drug involved youth (See Appendix C).

V. That the State Board of Education provide protection from administrative action to educators who are acting within the provisions and intent of the educator/student drug confidentiality law.

VI. That the State Board of Education continue to provide programs of drug awareness and education for professional educators, students and the community; and that the Board further provide specific inservice education in drug counseling for school counselors and other pupil services practitioners who will serve as resource persons in the schools.

VII. That the State Board of Education develop a minimal staffing formula for all pupil service leadership positions at the local level. Such a formula would be similar to the current requirement that each local education agency employ a supervisor of pupil personnel. Positions such as supervisor of guidance and counseling and supervisor of psychological services would be added to this requirement. Without a minimal staffing requirement for these pupil services leadership positions, inservice programs on drug counseling, coordination of professional functions and a true evaluation of services cannot attain effective levels of operation.

VIII. That the revised publication, "Some Facts About Drug Abuse," prepared by the Maryland Drug Abuse Administration, be included with the materials disseminated to all educators.

IX. That the State Board of Education act on the recommended implementations of the Advisory Committee on the Educational Aspects of Contemporary Issues Report.

APPENDIX A—DISSEMINATION PROPOSAL

It is proposed that a pamphlet containing information on Maryland Laws on Drug Abuse (P. 3–5 of this report) and additional appropriate explanatory material concerned with students rights and responsibilities be printed and distributed to all middle and secondary school students in Maryland by the State Department of Education.

It is further proposed that distribution be made via the local affiliates of the Maryland Association of Student Councils in cooperation with local drug awareness committees and school administrators. Additionally, it is suggested that the Division of Instructional Television be directed to provide its resources for dissemination of this material to the public.

APPENDIX B—LAW ON DRUG COUNSELING CONFIDENTIALITY (H.B. 455)

[House Bill No. 455, Introduced by Delegates Sklar and Stroble]

CHAPTER—

AN ACT to repeal and re-enact with amendments, Section 10(b) of Article 43B of the Annotated Code of Maryland (1970 Supplement), title "Comprehensive Drug Abuse Control and Rehabilitation Act"; and to add new Section 85A to Article 77 of said Code (1969 Replacement Volume), title "Public Education," subtitle "Chapter 6. The Public Schools," to follow immediately after Section 85 thereof, to provide that whenever a student seeks counselling for INFORMATION FOR THE PURPOSE OF OVERCOMING drug abuse from an educator, no statement, observation, or conclusion derived from the counselling shall be admissible against the student in any proceeding, to provide that no rule, regulation or order may require disclosure of any reports, statements, observations, conclusions or other information made pursuant to the counselling, and relating generally thereto

EXPLANATION: *Italics indicate new matter added to existing law.* **[**Brackets**]** indicate matter stricken from existing law. CAPITALS indicate amendments to bill. Strike out indicates matter stricken out of bill.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That Section 10(b) of Article 43B of the Annotated Code of Maryland (1970 Supplement), title "Comprehensive Drug Abuse Control and Rehabilitation Act," be and it is hereby repealed and re-enacted, with amendments; and that new Section 85A be and it is hereby added to Article 77 of said Code (1969 Replacement Volume), title "Public Education," subtitle "Chapter 6. The Public Schools," to follow immediately after Section 85 thereof, and all to read as follows:

10.

(b) Whenever a person shall seek counselling, treatment or therapy for any form of drug abuse from a physician, psychologist, hospital, AN *educator, pursuant to the provisions of Section 85A of Article 77*, or a program or facility authorized by the Authority to treat any form of drug abuse, no statement, whether oral or written, made by such person and no observation or conclusion derived from such counselling, treatment or therapy made by such physician, psychologist, hospital, program or facility shall be admissible against such person in any proceeding. The facts or results of any examination to determine the existence of illegal or prohibited drugs in a person's body shall not be admissible in any proceeding against such person, provided that the facts or results of any such examination ordered pursuant to a civil commitment proceeding under this article or as a condition of parole or probation shall be admissible in the proceeding for which the examination was ordered.

85A.

(a) Whenever a student shall seek counselling INFORMATION for THE PURPOSE OF OVERCOMING any form of drug abuse, as defined in Section

2(d) of Article 43B of this Code, from any teacher, counselor, principal or other professional educator employed by an educational institution approved under the provisions of Sections 11 and 12 of this Article, no statement, whether oral or written, made by the student and no observation or conclusion derived from the counselling made by such educator as defined in this section shall be admissible against the student in any proceeding.

(b) The disclosure of any reports, statements, observations, conclusions and other information made pursuant to the counselling, which has been assembled or procured by such THE educator THROUGH THIS CONTACT, shall not be required by any rule, regulation or order of any kind.

SEC. 2. *And be it further enacted.* That this Act shall take effect July 1, 1971.

APPENDIX C—LAW ON DRUG COUNSELING AND TREATMENT PROTECTION (H.B. 531)

[House Bill No. 531, by Delegate Sklar]

EXPLANATION: *Italics indicate new matter added to existing law.* [Brackets] indicate matter stricken from existing law. CAPITALS indicate amendments to bill. Strike out indicates matter stricken out of bill.

CHAPTER —

AN ACT to repeal and re-enact, with amendments, Section 10(b) of Article 43B of the Annotated Code of Maryland (1970 Supplement), title "Comprehensive Drug Abuse Control and Rehabilitation Act," to authorize the Drug Abuse Authority to extend the right of privileged communication to additional persons, programs and facilities which counsel or treat persons seeking counsel or treatment for any form of drug abuse.

SECTION 1. *Be it enacted by the General Assembly of Maryland*, That Section 10(b) of Article 43B of the Annotated Code of Maryland (1970 Supplement), title "Comprehensive Drug Abuse Control and Rehabilitation Act," be and it is hereby repealed and re-enacted, with amendments, to read as follows:

10.

(b) Whenever a person shall seek counselling, treatment or therapy for any form of drug abuse from a physician, psychologist, hospital, or a *person*, program or facility authorized by the Authority to *counsel* or treat any form of drug abuse, no statement, whether oral or written, made by such person and no observation or conclusion derived from such counselling, treatment or therapy made by such physician, psychologist, hospital, *person*, program or facility shall be admissible against such person in any proceeding. The facts or results of any examination to determine the existence of illegal or prohibited drugs in a person's body shall not be admissible in any proceeding against such person, provided that the facts or results of any such examination ordered pursuant to a civil commitment proceeding under this article or as a condition of parole or probation shall be admissible in the proceeding for which the examination was ordered.

SEC. 2. *And be it further enacted*, That this Act shall take effect July 1, 1971.

APPENDIX D—PUBLIC SCHOOL LAW—REPORTING CRIMES (Ps 349–351)

1. "School officials shall promptly report to the responsible law enforcement agencies all police matters coming to their attention whether occurring on or away from the school premises which involve pupils attending the particular school." As it is unlawful to distribute or possess controlled dangerous substances and prescription drugs without proper authority, these matters would be considered "police matters."

APPENDIX D

DRUGS AND YOU

A new law protects students who seek help from teachers, counselors, and other educators for overcoming drug problems.

A student can talk to a member of the school faculty about a drug problem and nothing said during the conference can be used against the student by the school, police or courts.

The teacher or counselor is no longer required to report a student who comes to him for help on a drug problem.

Parents do not have to be notified automatically that such a conference took place.

The same is true for people under 18 who seek help for a drug problem from a physician, psychologist, hospital, or authorized drug abuse program.

No criminal conviction or school disciplinary action can be taken against a student who seeks help on a drug problem from a teacher, counselor, administrators, or other educator.

The new law doesn't mean that school officials have gone soft. If a teacher, counselor, or principal finds a student bringing drug equipment to school or finds him using or carrying drugs, he'll have to turn in the student.

The law protects a student's statements and counselors' or teachers' observations made ONLY during the drug counseling sessions.

The law means that students can go freely to a teacher, tell him that they are using drugs and want help, but don't know where to find it. So spread the word. A student can go to a teacher or counselor whom he feels he can trust. He undoubtedly won't have instant answers to all drug problems, but he will be able to talk confidentially and will be able to suggest directions which may lead to solutions.

Statement of F. John Kelly, Director of Drug Abuse Control, Commonwealth of Virginia

The Education Materials Screening Committee of the Education Committee to the Virginia Drug Abuse Control Council has made a preliminary evaluation of a wide variety of drug abuse films presently being circulated. The committee has expressed a deep concern over the increased amount of so-called educational films being utilized in drug education programs. Many of these films are poorly done, out-of-date, and in many cases, scientifically inaccurate, which may be counterproductive to the attitudes deemed effective in dealing with the problem of drug abuse. The evaluation of the films which the committee has currently previewed are presented as a guide for the people of the State of Virginia in their selection of appropriate films for educational purposes.

The committee appraised the films on the following criteria:

1. Is content up-to-date?
2. Is content factual and accurately presented?
3. Is content free from bias?
4. Is scientific information accurate?

The committee also considered such factors as method of presentation, credibility, the audience to whom the film is geared, and the role of discussion.

The films were rated on a scale from one to four. A rating of one is unacceptable in all cases; the other ratings are acceptable. Caution should be taken in some cases, for there are certain films that are rated acceptable but are acceptable only for certain audiences. There are other firms rated acceptable that require appropriate pre- and post-discussion.

This listing includes films previewed by the committee prior to March 1, 1972. As additional films are previewed, their evaluations will be added to this list.

AUDIO-VISUAL MATERIALS SCREENING COMMITTEE

Dr. Warren E. Weaver (Chairman), Dean, School of Pharmacy, Medical College of Virginia, Richmond, Virginia.

Mrs. Isabel M. Aird, Information Officer, Department of Mental Hygiene and Hospitals, Richmond, Virginia.

Dr. George Bright, Director, Adolescent Clinic, Medical Clinic, Medical College of Virginia, Richmond, Virginia.

Dr. John Buckman, Associate Professor of Psychiatry, University of Virginia, School of Medicine, Charlottesville, Virginia.

Miss Dorothy Duncan, Drug Curriculum Coordinator, School Superintendent's Office, Fairfax, Virginia.

Mr. Tazewell T. Hubard, III, Assistant Commonwealth Attorney, Norfolk, Virginia.

Mr. Rotan Lee, Rubicon, Inc., Richmond, Virginia.

Mr. Paul Lewis, Student, Richmond, Virginia.

Miss Frances Thurmond, Student, Richmond, Virginia.

Dr. Thomas F. Updike, Director, Bureau of Drug Rehabilitation Services, Department of Mental Hygiene and Hospitals, Richmond, Virginia.

Miss Ponze Woody, Rubicon, Inc., Richmond, Virginia.

FILM EVALUATION

Title: ....
Date evaluated: ....
Evaluator: ....

	Yes	No
Appropriateness: Is the material appropriate for:		
1. Grade level for which it was developed	___	___
2. Course for which it was developed	___	___
3. Community program	___	___
4. Adults	___	___
5. Others	___	___
Content:		
1. Up-to-date material	___	___
2. Is the information factual and accurate?	___	___
3. Is material scientifically acceptable?	___	___
4. Are controversial issues treated objectively?	___	___
5. Is the material free from "slanted" or a prejudice point of view?	___	___
6. Is the content developed in sufficient detail to help develop desirable attitudes, understanding, habit and appreciations?	___	___
Organization:		
1. Does it tell the story simply and effectively?	___	___
2. Is the material organized in such a way that it will have meaning to the viewing audience?	___	___
3. Is the film repetitious, or use scare, panic or moralistic techniques?	___	___
Format:		
1. Are pictures appropriate and of good quality?	___	___
2. Is the sound good?	___	___

Recommended audience: ....
Overall rating: 1. Unacceptable 2. Fair 3. Good 4. Excellent.
Final evaluation: ( ) Acceptable ( ) Unacceptable.
Comments: ....

"ACID"

Year: 1971.

Time: 26 minutes.

Source: Encyclopaedia Britannica Educational Corporation, 425 N. Michigan Avenue, Chicago, Illinois 60611.

Date evaluated: December 28, 1971.

Synopsis: The film offers a broad-based look at the superstitions, medical research, and legal issues concerning LSD. Additionally, the quality of black market acid and a number of personal experiences of "trips" are discussed. Medical authorities relate their findings and opinions, based on laboratory and psychotherapeutic experiences with the drug. Vivid scenes from a rock music festival "trip tent" show bad trips firsthand. Dr. Albert Hoffman, who first synthesized the drug, describes what he experienced after accidentally ingesting LSD.

Evaluation: The legal and scientific aspects of the film were considered acceptable. Some evaluators disliked the sophisticated scare approach used in the overall production. Two Committee members felt that the film could provoke certain drug-prone people to try LSD. (This is true with a number of acceptable films, however.) By and large, the Committee felt it is up-to-date and technically well-produced.

Rating: Fair, acceptable.

Audience: High school and above.

"THE BEGINNING"

Year: 1971.

Time: 4½ minutes.

Source: Stephen Bosustow Productions, 2540 Pacific Coast Boulevard, Malibu, California 90265.

Date evaluated: August 2, 1972.

Synopsis: This is an unnarrated film in cartoon form. A butterfly touches a man and inspires him to do something out of the ordinary. He is ridiculed by his companions, but he tries again and takes off in a colorful burst of flowers. The butterfly returns and touches the man's companions. They try to soar, unafraid, because someone has tried before them.

Evaluation: The Committee did not consider this film to be in any way related to the drug issue and found it to be unacceptable for use in a drug education program.

Rating: Unacceptable.

"BEYOND LSD"

Year: 1968.

Time: 25 minutes.

Source: Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025.

Date evaluated: January 10, 1972.

Synopsis: The film dramatizes a medical doctor's discussion with neighborhood parents who are concerned that their teenagers long hair, dress and music styles indicate an involvement with LSD. The physician says the parents are victims of alarmist reactions and urges them to "cool down" and channel their concern towards listening to and communicating with their children. In a film clip shown to the parents, J. Thomas Ungerleider, Professor of Psychiatry at the University of California at L.A., relates the problem of LSD use to the communication gap which he says encourages teenagers to turn to drugs for help with their problem.

Evaluation: The committee felt that although the film is somewhat outdated, it is still relevant. All members of the Committee agree that the film is too staged. One member states, "Absurd kinds of situations which have become stereotypes of white America's visualization of and reaction to the problem are created." The film shows a specific life style—white middle class—and minorities may have difficulty in relating to it. The scientific information incorporated in the film may be misleading without qualification. The Committee felt that in spite of its short comings, the film has a good message and places a valid emphasis on the need for really listening to youth and not overacting to drug use.

Rating: Fair; acceptable.

Audience: Parents, counselors, teachers, professional groups and civic groups.

"DARKNESS, DARKNESS"

Year: 1970.

Time: 36 minutes.

Source: Nolan, Wilton and Wootten, Inc., 374 Waverly St., Palo Alto, California 94301.

Date evaluated: January 11, 1972.

Synopsis: The film listens to a dozen people whose lives in some way have been touched by heroin. Each person's message is different, but all help build a bleak description of the addict's life. One describes his continued fear of arrest. One compares his present life as an addict with the life he imagined addicts lived before he tried heroin. Several tell about guilt feelings they have toward parents.

Evaluation: This film stresses opinion, not factual information. The Committee felt that it is current, well-produced, and valuable if followed by discussion led by a strong discussion leader. A particularly strong point of the film is that it shows that the drug problem is not a concentrated problem, but has also invaded white, middle-class America.

Rating: Good; acceptable.

Audience: Senior high school, college, adult groups, with discussion.

"DRUG ABUSE: ONE TOWN'S ANSWER"

Year: 1969.

Time: 23 minutes.

Source: University of South Florida, Division of Educational Resources, Tampa, Florida 33620.

Date evaluated: October 12, 1971.

Synopsis: In film details the formation and purpose of Awareness House in Fort Bragg, California, a teen center which was started with the help of two ex-addicts. The dialogue of the teenagers and counselors at the center illustrates that Awareness House is designed as a place where young people feel free to talk about a variety of common experiences and problems, not necessarily related to drugs. The film incorporates the message of Awareness House, "Turn on to people, not drugs."

Evaluation: The Committee feels that the film emphasized that an "attitudinal change" was responsible for improvement of the persons involved. It is felt that the film offers a true life example of youth discussions and that the method used can deal with problems other than that of drug abuse. Criticism of the film includes that it implies that this method is the only solution, rather than a part of a total program. One Committee member states that the film is too sugary and naive, but that it can be seen as a plea for individual understanding.

Rating: Good; acceptable.

Audience: Junior, senior high, adult.

"DRUG ADDICTION"

Year: 1951.
Time: 22 minutes.
Source: Encyclopedia Britannica Education Corporation, 425 N. Michigan Avenue, Chicago, Illinois 60611.
Date evaluated: October 12, 1971.
Synopsis: A dramatized sketch of the career of a young drug user who progresses from marijuana experimentation to heroin addiction. He is arrested for stealing and sent to the federal narcotics hospital at Lexington. He is "cured" but the prognosis is perilous when he returns to the old environment. This film also describes the properties and effects of opiates, marijuana and cocaine.
Evaluation: Although the evaluators classed the scientific content of this film acceptable, the film was labeled "hopelessly out-of-date" in almost all other areas. It was felt that this was enough to render the film near useless and possible counter-productive. Specifically the simplistic, amateurish, overly emotional presentation is not acceptable for today's audiences. Some evaluators felt that the dating of the film (by clothes, speech, emotional presentation) could cause viewers to doubt even factual information portrayed. The film relies heavily on the unacceptable "progression" theory, (i.e. if user starts on marijuana, he will progress to heroin use.) The film also relies heavily on the idea that in order to make more money, pushers talk young users into trying drugs rather than the more realistic approach that users turn to friends for more or stronger drugs. It was felt that this might be especially misleading to adult audiences. The scene in which a boy seriously cuts his mouth on a broken bottle while he is on a marijuana high was thought to be unbelievable. The Committee noted with interest that the film's call for better aftercare facilities, community awareness, and heavier penalties for non-user pushers, was the same in 1951 as today.
Rating: Unacceptable.

"DRUGS AND THE NERVOUS SYSTEM"

Year: 1967.
Time: 18 minutes.
Source: Churchill Films, 662 N. Robertson Blvd., Los Angeles, California 90069.
Date evaluated: November 16, 1971.
Synopsis: Describes physiological and psychological effects of various drugs. The film discusses glue-sniffing, stimulants, depressants, opium derivatives, marijuana and LSD. Therapeutic uses and results of abuse of each class of drugs are explained.
Evaluation: The Committee felt this film to be fair, although it contains over generalizations which distorts the truth.
Rating: Fair; acceptable.
Audience: Junior and Senior high school with discussion.

"THE DRUG SCENE"

Year: 1970.
Time: 16 minutes.
Source: Educational Division, 3400 Cahuenga Blvd., Hollywood, California 90028.
Date evaluated: December 28, 1971.
Synopsis: Opening scenes of colorful graphics, woods, streams, flowers, and children change quickly to pictures of junk piles, littered beaches, polluted streams and air. The narration and the scenes suggest an analogy between pollution of the environment and pollution of the human body from drug abuse. The film features informal talks with young ex-users who tell why they started using drugs, what kind of drugs they took, the physical effects and problems experienced, their efforts to quit, and their lives since quitting. The closing sequence showing racing cars, surfing and dancing suggests ways to have fun without using drugs.
Evaluation: The emphasis in this film is largely on the bad effects experienced by ex-users, which may be extremely unpalatable to viewers who have experienced pleasant effects from drug use. Factual information is superficial, with no in-depth discussion. The ex-user participants make misleading or inaccurate statements that are not clarified or corrected. The Committee felt that with

discussion, this film might be effective. The film is current, and the photography and color are excellent.

Rating: Fair; acceptable.

Audience: Junior, senior high with one page study guide.

"DRUGS AND YOU"

Year: 1971.

Time: 5 minutes.

Source: Hanna-Barbara Productions, Educational Division, 3400 Cahuenga Blvd., Hollywood, California 90028.

Date evaluated: November 16, 1971.

Synopsis: The film presents a series of five animated illustrations of the effects and dangers of various drugs. Each cartoon is followed with close-up stills of children with child-voice overs asking questions or giving opinions about drugs. After each sequence, the film instructs the leader to stop camera for discussion.

Evaluation: The Committee strongly agreed with the concept of this film; i.e., relying heavily on classroom discussion. However, it was felt that the film relies too heavily on scare tactics and, therefore, has been given an unacceptable rating. Specifically the Committee felt that situations devised by the film are provocative and deal too strongly with explicit drug use rather than the attitudes and behavior patterns underlying drug use. One evaluator noted ". . . sequences are totally negative, would be scary if they weren't ridiculous" and "animated sequences exaggerated and too fantastic." The Committee felt that with the heavy emphasis on scare tactics, it would be highly unlikely that possible benefits would outweigh the known negative factors.

Rating: Unacceptable.

"DRUGS ARE LIKE THAT"

Year: 1970.

Time: 17 minutes.

Source: Junior League of Miami, Inc., 201 Douglas Village, 800 Douglas Road, Coral Gables, Florida 33134.

Date evaluated: March 14, 1972.

Synopsis: While watching her younger brother build an eternal motion machine out of an erector set, a pre-teen girl tells him what she learned about drugs at school. Interspersed into their conversation are situations which draw analogies to drugs and drug use, emphasizing the theme "drugs are like that." A crying baby who lost his pacifier illustrates dependency; people playing with their hair or biting fingernails illustrate a habit; a swimmer diving into what looks like a beautiful lake and ending up headfirst in mud illustrates unforeseen dangers. The sister moves one block on her brother's completed machine causing it to collapse, illustrating how one small change or decision can have surprising overall effects. The film says that drugs can make you feel funny, can make you look stupid, are against the law, and don't always do what they look like they'll do.

Evaluation: The Committee felt that although this film is a clever production, the analogies are misleading, incredible, over-simplified, too abstract, and over dramatic. In the film, the use of all drugs is depicted as bad, and one Committee member expressed the opinion that this may make children fearful of taking drugs for legitimate medical purposes. The Committee also objected to the implication that all habits are bad, when, in fact, it is essential in daily living that certain habits be developed. Furthermore, the Committee felt that the film is too long for the grade level for whom it is intended (K–3). A final comment is that use of the film would require a tremendous amount of teacher preparation in order to clarify the poor analogies.

Rating: Unacceptable.

"DRUGS: THE CHILDREN ARE CHOOSING—THE ALLURE OF DRUGS"

Year: 1969.

Time: 30 minutes.

Source: University of California Extension Media Center, Berkeley, California 94720.

Date evaluated: February 8, 1972.

Synopsis: The 2nd film in a 7-part series, it examines the conflicting attitudes to various drugs taken by various societies through history. The film also points out that periods of social change and unrest often accompany the introduction of new drugs into a society.

Evaluation: The Committee felt that this film is a factual, unbiased history lesson. It is well-produced and current. However, the Committee felt that it would be of little interest to anyone who is not already deeply concerned. The detached tone of the film may lead to good, but invalid rationalizations for using drugs. For this reason the Committee felt this film is not suitable for youthful viewers, but it may be used with adults as an excellent opener for discussion.

Rating: Fair; acceptable.

Audience: College, adults, professional, teachers, drug educators.

"DRUGS: THE FIRST DECISION"

Year: 1971.

Time: 8½ minutes.

Source: Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025.

Date evaluated: February 8, 1972.

Synopsis: This film addresses the problem of drug abuse at the elementary school level. Through interviews and review of case studies of teenage drug users, the effects of drugs on young lives are explored. The film seeks to encourage young people to look for positive alternatives to drug exploration and to participate in some critical decision making on their own to avoid the dangers of "turning on."

Evaluation: Although the Committee felt that the film is fairly well-produced, it is sensational, superficial and of little use.

Rating: Unacceptable.

"EASY WAY OUT"

Year: 1971.

Time: 8 minutes.

Source: ACI Films, Inc., 35 West 45th Street, New York, N.Y. 10036.

Date evaluated: April 11, 1972.

Synopsis: This film shows the difficulty that young chickens experience in hatching from their shells. It then shows the ease with which they could get out of their shells if they had the help of a human hand. However, the chicks that come out of the shell with no help have a greater chance for survival and good health than those that have help, for in breaking out of their shells, they develop and strengthen muscles which are vital early in their lives. The film then makes an analogy between the chickens that had help in getting out of their shells and young people who use drugs. By use of the analogy the film says that although it may seem easier to use drugs to face problems, that it really does not improve situations and may actually make problems worse.

Evaluation: The Committee felt that this film is a refreshing change from films that are usually shown to classes. It is thought provoking and, with a strong discussion leader, could lead to good discussion. It is relative not only to the drug question, but can be used in a variety of courses.

Rating: Good; acceptable.

Audience: Upper elementary, junior high, senior high.

"THE FLORRIE FISHER STORY: THE TRIP BACK"

Year: 1968.

Time: 28 minutes.

Source: Association—Sterling Movies, Inc., 41 West 61 Street, New York, New York 10023.

Date evaluated: October 5, 1971.

Synopsis: Florrie Fisher, an ex-addict is filmed as she speaks to a group of New York City high school students. Florrie tells her story of addiction, prostitution, imprisonment and rehabilitation. She talks briefly of her experience at Synanon, the self-help organization for drug addicts, which she credits for saving her life. After speaking, Florrie answers questions from the audience.

Evaluation: The Committee felt that much of the information given in this film is scientifically unsound, heavily emotional, and in some cases, rather pointless. The Committee was unanimous in their opinion that this film is not to be shown to Virginia audiences.

Rating: Unacceptable.

"FOCUS ON DRUGS"

Year: 1970.

Time: 15 minutes each.

Source: American Educational Films, 331 N. Maple Drive, Beverly Hills, California 90216.

Date evaluated: October 5, 1971.

(1) *Focus on Marijuana*

Synopsis: Both sides of some arguments often used for smoking marijuana are explored in four situations in which teenagers face peer pressure. Different refusals are given. Tommy Roe narrates.

Evaluation: The Committee reacted against the progression theory; i.e., that smoking leads to shooting heroin. The Committee felt that the film is moralistic and preachy and would depict those people who smoked marijuana as losers, rather than winners and losers both engaging in "pot" smoking. Some of the Committee members expressed the feeling that if this film were shown to any group above the grade school level, it would be laughed out of the auditorium. This film brought about the widest range of ratings with a teenager giving the average rating and two members, a poor rating.

Rating: Fair; acceptable.

Audience: Elementary School only.

(2) *Focus on Heroin*

Synopsis: The question of whether or not one drug leads to use of another is probed in this film which tries to trace the source of heroin addiction. Narrated by David Hartman.

Evaluation: The Committee reacted strongly against the progression theory, specifically such statements as "if it was a drug that started this person on the road to heroin, let's find out what drug it was." Members also questioned a number of the facts that are portrayed.

Rating: Fair.

Audience: Unacceptable for Virginia audiences.

(3) *Focus on LSD*

Synopsis: The film visually identifies samples of LSD, peyote, DMT, STP, mescaline, psilocybin, hashish and marijuana. A series of situations in which young people advocate use of psychedelics is examined, giving an opposing point of view.

Evaluation: The medical members of the Audio-Visual Materials Screening Committee found a number of scientific errors in this film; i.e., the potency of LSD. They questioned if LSD has a lethal dose as portrayed in the film. This, like the other films in this series, is very stagey. One member noted, "It is oversimplified, but factual."

Rating: Unacceptable for Virginia audiences.

(4) *Focus on Downers*

Synopsis: Vignettes illustrates how barbiturates can lead to death. The narrator, Greg Morris, questions the reasons why young people abuse barbiturates. A representative of the Los Angeles Free Clinic explains why barbiturate withdrawal should occur only under medical supervision and over a period of several weeks.

Evaluation: In spite of the fact that certain "scare" tactics are used in this film, the Committee felt that overall, it gives a relatively realistic appraisal of the effects of taking barbiturates. One Committee member noted, "It is oversimplified but factual."

Rating: Fair; acceptable.

Audience: Junior high school and older.

(5) *Focus on Uppers*

Synopsis: The film explores reasons why amphetamines are used and presents some social, physical and psychological outcomes from amphetamine abuse.

Evaluation: The Committee felt that this film is the best in the "Focus" series with good scientific content and reasonable portrayal. The Committee recommended it for junior high and older.

Rating: Good; acceptable.

Audience: Junior high and older.

"FOR ADULTS ONLY"

Year: 1970.

Time: 28 minutes.

Source: Professional Arts, Inc., P.O. Box 8484, Universal City, California 91608.

Date evaluated: February 8, 1972.

Synopsis: A film director, a group of actors and a technical consultant offer strategies, techniques and ideas for adults in responding to young people's experiences and comments on drugs. Various approaches such as honest and unemotional discussion between parent and youngster, or teacher and class, and the importance of factual drug knowledge are demonstrated, as well as the need of meaningful alternatives to drug use.

Evaluation: This film is limited in factual content, but emphasizes the need for parents to communicate with their children. The Committee felt that the technique of producing a film within a film obscures the message of the film. The end product is corny, staged, unrealistic, and sometimes ludicrous.

Rating: Unacceptable.

"FORESTS OF THE NIGHT"

Year: 1971.

Time: 20 minutes.

Source: CCM Films, Inc., 34 MacQuesten Parkway South, Mount Vernon, New York.

Date evaluated: August 2, 1972.

Synopsis: This film attempts to define characteristics and actions which might enable the law enforcement officer to identify both drug abusers and drug distributors.

Evaluation: The Committee's primary objection to this film is that it stereotypes drug users as either blacks from the ghetto or long-haired whites. It is extremely slanted, and could foster prejudice and develop undesirable attitudes among law enforcement personnel. When symptoms which might indicate that a person is using drugs are cited, the film fails to point out that these same symptoms may be caused by a variety of other reasons. The film is simplistic and would provide no understanding of the problem or the drug culture to the law enforcement officer.

Rating: Unacceptable.

"GLASS HOUSES"

Year: 1972.

Time: 21 minutes.

Source: See-Saw Films, P.O. Box 262, Palo Alto, California 94302.

Date evaluated: April 11, 1972.

Synopsis: This film is a series of interviews with various types of people about their use of barbiturates and amphetamines. Some of those interviewed are a middle-aged housewife who uses amphetamines for weight reduction, a thirty-three year old honors English graduate of the University of California who has become involved with speed, a fifteen year old black youth, and two Vietnam veterans. The film does not attempt to give factual information about amphetamines and barbiturates. It rather explores the motivations and lifestyles of those who use the drugs. A discussion manual is included which provides material for discussion of the film as well as pharmacological information about amphetamines and barbiturates.

Evaluation: The Committee considered this film to be very realistic. It shows a good cross-cut of types of people who abuse amphetamines and barbiturates, and does not stereotype drug users. The film lacks in organization, and a strong discussion leader is needed for effective showing. The film is not recommended for students of the junior high age, or below, as the Committee felt that the drug users portrayed might serve as models for younger audiences who might consider them funny or hip. In addition, language is occasionally used which might be considered objectionable for younger audiences.

Rating: Fair; acceptable.

Audience: Senior high, adults.

"GROOVING"

Year: 1970.

Time: 31 minutes.

Source: Benchmark Films, Inc., 145 Scarborough Road, Briarcliff Manor, New York 10510.

Date evaluated: November 16, 1971.

Synopsis: The film consists of unscripted rap sessions among a group of teenagers. Both sides of drug use are presented with some youngsters candidly relating the pleasant effects of their drug taking experiences. In balance, however, they reject further drug use and talk about the attitudes that have led them to make this decision. The emphasis is on marijuana, but LSD, mescaline and heroin are discussed peripherally.

Evaluation: The Committee looked on this film with some enthusiasm, judging it to be of excellent potential benefit if used correctly. They noted that the drug issue is dealt with in a realistic manner by showing both sides of issues. The film deals with some of the motivation behind today's drug use. This, if followed up by classroom raps, could have beneficial effects on potential drug abusers. The Committee recommends stopping the film at natural cut offs for classroom raps. They felt that the film could be very effective if shown to mixed groups of parents and youngsters.

Rating: Good; acceptable.

Audience: Junior high school.

"HEROIN"

Year: 1971.

Time: 22¼ minutes.

Source: Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025.

Date evaluated: December 28, 1971.

Synopsis: The film deals with the expectations of drug abusers, the addiction cycle, the goals, problems, successes, and failures of substitutive programs such as methadone therapy, and the distribution chain in drug traffic. Discussions with legislators, public health officials, members of treatment and rehabilitation centers, policemen, psychiatrists, and drug users reveal that while there may be contradictory arguments about the best treatment for drug users, there is no disagreement about the damaging effects of heroin use.

Evaluation: The Committee felt that the film contains good explanatory remarks for the educated person who knows little about heroin, with adequate description of the physical effects of addiction. It was felt, however, that the film lacks in its discussion about methadone. The Committee felt that the film presents only the good points of the methadone program, and should discuss the weaknesses of the program as well. An emphasis on the inclusion of counseling as a part of the program is needed, and should be brought out in discussion.

Rating: Good; acceptable.

Audience: High school, PTA, medical professionals, colleges, in-service training.

"HELP"

Year: 1970.

Time: 25½ minutes.

Source: Concept Films, Suite 312, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.

Date evaluated: February 8, 1972.

Synopsis: Live scenes filmed at a hotline crisis center in Philadelphia portray the staff in action as they offer telephone counseling, give medical examinations and trace potential suicide calls. The film covers an assortment of problems which arise with such centers, including funding, the drug use policy of staff, crank calls and returning runaways to parents.

Evaluation: The Committee felt that this film is professionally done, and presents a method of solution to the accompanying problems realistically and authentically. Criticism of the film is that it implies that the hotline approach is the only approach, it does not provoke discussion. Members of the Committee generally felt that although the film could be valuable for fund raising campaigns or in-service training for similar agencies, it has limited use.

Rating: Fair; acceptable.

Audience: High school and above, program planners, community groups, fund raising campaigns, in-service training.

"HOOKED"

Year: 1967.

Time: 20 minutes.

Source: Churchill Films, 662 N. Robertson Blvd., Los Angeles, California 90027.

Date evaluated: Not available.

Synopsis: The film consists of a series of statements and discussions with ex-heroin addicts from various socio-ethnic backgrounds. They have been cured for various periods ranging to two years. They project an air of honesty and concern as they discuss their personal problems.

Evaluation: The Committee felt that this film is slightly outdated, as noted in the haircuts and language used by the children. It does not seem to use scare tactics and as one panel member noted, "It will not turn anybody off or on to drugs." Another comment was, "This film is useless if shown without discussion."

Rating: Fair; acceptable.

Audience: Effective at lower ages and could perhaps be used most effectively for small groups of children with their parents.

"H+2"

Year: 1971.

Time: 22 minutes.

Source: Stephen Bosustow Productions, 2540 Pacific Coast Blvd., Malibu Beach, California 90265.

Date evaluated: December 28, 1971.

Synopsis: Designed to raise questions and stimulate discussion about drug addiction and society's responsibility regarding this problem, H+2 documents the frustration and failure of two actual heroin addicts. Both addicts undergo rehabilitation and are released to face pressures and responsibilities.

Evaluation: The Committee agreed that this film will be effective only if followed by discussion, led by a strong discussion leader. It is strongly emotional, perhaps overly so, although it does effectively demonstrate the problems faced by addicts in trying to refrain from usage, even when strongly motivated. The Committee felt that the film is not for general use, but better used for in-service training.

Rating: Fair; acceptable.

Audience: Adults, high school, counselors, in-service training for rehabilitation workers, teachers, parole officers.

"IS IT ALWAYS RIGHT TO BE RIGHT?"

Year: 1971.

Time: 8 minutes.

Source: Stephen Bosustow Productions, 2540 Pacific Coast Boulevard, Malibu, California 90265.

Date evaluated: April 11, 1972.

Synopsis: Presented in cartoon form, and narrated by Orson Wells, this film talks of the schism and lack of progress that results when no one will admit that his beliefs may be wrong or that another person may be right.

Evaluation: Although this film does not deal specifically with drugs, the Committee felt that it could be used to provoke good discussion among the audience as to the reason for extended drug use in today's society. It is more a film on attitudes, and could be used as an introduction for a discussion of any controversial material, as a vehicle to make groups with different views realize that "the other side" may have something very worthwhile to say and that "the other side" may be right. The film is well-produced, the story is well-organized, simply and effectively told, and is up-to-date and relevant today.

Rating: Excellent; acceptable.

Audience: Community groups, adults, youth, parents and youth together.

"IT TAKES A LOT OF HELP"

Year: 1970.

Time: 27 minutes.

Source: Advertising Department, Kemper Insurance, 4750 N. Sherdon Road, Chicago, Illinois 60640.

Date evaluated: February 8, 1972.

Synopsis: The Documentary illustrates the dynamics of an interdisciplinary committee organized to take positive action against a local drug problem. The community, Cedar Rapids, Iowa, and the members of the drug committee are profiled. The film also identified a variety of drug programs in other cities—group therapy, hotline services, sensitivity sessions, treatment centers.

Evaluation: This film is intended to illustrate the approaches that communities can take in drug education and treatment. It does not educate about drugs. The Committee felt that although the methods of solution presented are good, they are too late and would be of little help, as no new ideas are presented. The Committee felt the presentation of the material is bad and the quality of the film is poor.

Rating: Unacceptable.

"JOSHUA IN A BOX"

Year: 1971.

Time: 6 minutes.

Source: Stephen Bosustow Productions, 2540 Pacific Coast Boulevard, Malibu, California 90265.

Date evaluated: August 2, 1972.

Synopsis: This non-narrated film in cartoon form depicts Joshua trying to get out of a box that has no exit. It shows his frustration, anger, and despair in trying to escape. Finally, Joshua is able to escape; once free, he creates another box in which he imprisons himself.

Evaluation: The Committee considered this a good film to stimulate discussion. It is not specifically a "drug film," but can be used in drug education courses, especially when talking about choices, values, and decision making about life styles. It is an abstract and intellectual film; as such, a strong discussion leader is absolutely essential. The negative ending should be used as a tool to stimulate discussion, and not as an absolute answer to what happens in such a situation.

Rating: Good; acceptable.

Audience: Community programs, adults, college, high school, mental health discussion groups.

"JUST LIKE YOU"

Year: 1971.

Time: 6 minutes.

Source: Stephen Bosustow Productions, 2540 Pacific Coast Boulevard, Malibu, California 90265.

Date evaluated: August 2, 1972.

Synopsis: This film, narrated by Eugene Osborne Smith, expresses the shared hopes and dreams of all people. Against a montage of photographic portraits and scenes of daily life from around the world, the film stresses that all people are all "just like you" in the desire for rewarding and meaningful lives.

Evaluation: The Committee considers this film "not a drug film, but a human film." However, it could be used effectively in a drug program, whether an education program or a rehabilitation program, to relate drug use to culture, and to relate "how people treat people." It is too short and too abstract to be used alone, but must be used with discussion and a strong discussion leader.

Rating: Good; acceptable.

Audience: Universal use.

"THE LOSERS"

Year: 1965.

Time: 31 minutes.

Source: Carousel Films. 1501 Broadway, New York, New York 10036.

Date evaluated: January 11, 1972.

Synopsis: An examination of the phenomenon of drug use and abuse, especially among the young, produced by CBS News. The investigation reveals that drug use cuts across social and economic lines, and includes interviews with slum youths, teenagers from "nice" neighborhoods, and authorities on various aspects of the problem. The harmful effects of various drugs are discussed.

Evaluation: The Committee felt that although the film was probably very valuable in 1965, when it was produced, it is outdated, and would be useless today, except for historical interest. Although factual, it is heavily slanted, superficial, and sensationalizes drug use.

Rating: Unacceptable.

"LSD—INSIGHT OR INSANITY"

Year: 1968.

Time: 28 minutes.

Source: Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025.

Date evaluated. October 12, 1971.

Synopsis: The film begins with a good-natured look at teenage faddism: such as clothes, hair styles, etc., and then moves on to less desirable fads: such as gang fights, "chicken contests," and drug experimentation. The possibility that LSD exercises damaging genetic effects on human beings is emphasized. This is illustrated by scenes of deformed fetuses carried by guinea pigs that were doped with LSD in pregnancy, along with photos of chromosomal breaks and abnormalities associated with human legislation. The film closes with a warning by former U.S. Food and Drug Commissioner James Goddard that LSD experimentation is like playing Russian roulette. Film is narrated by Sal Mineo.

Evaluation: Scientific content considered acceptable although somewhat out-of-date. Specifically, studies made since the film was produced question the amount of chromosomal damage from taking LSD. Also the film does not put much emphasis on "flashbacks". (An explanation of this is that this has only been experienced in measurable numbers recently.) All evaluators disliked the heavy emphasis on scare tactics. It was noted that scenes depicting users jumping off cliffs or in front of cars are unrealistic since the incidence of this is extremely rare. Newspaper headlines stating that LSD is more dangerous than thalidomide to unborn babies and classing LSD as a narcotic are misleading and untrue.

Rating: Good; acceptable.

Audience: High school and above.

"L.S.D.—25"

Year: 1967.

Time: 27 minutes.

Source: Professional Arts, Inc., P.O. Box 8484, Universal City, California, 91608.

Date evaluated: December 28, 1971.

Synopsis: The chemical, LSD 25, is given a voice and this voice narrates the film, explaining its properties and possible usage dangers. Dramatic scenes portray various aspects of the controversy over LSD and the experience of those who use it. "LSD" discussion potential dangers inherent in the use of illegally purchased drugs, from bad trips, from possible chromosomal damage, and self-injury while under its influence, and from recurring effects.

Evaluation: Scientifically, the film was judged acceptable, although some Committee members felt it is too generalized in areas where it should be specific. Almost all Committee members reacted negatively to the scare tactics used and to the personification method. All evaluators disliked the tone of LSD's voice, noting that it is extremely provocative. It was felt that this type of gimmick approach takes away from the possible credibility of the film. The scene in the hospital emergency room seems to portray the nurses, doctors, and policemen as "enemies" from the viewer's point of view. Largely because of the overdramatizations and scare tactics, and because the Committee has viewed other films on this subject that are far superior, they found the film to be unacceptable.

Rating: Unacceptable.

"THE LAW, HOW EFFECTIVE IS IT"

Year: 1968.

Time: 36 minutes.

Source: NET Films Service, Indiana University, Audio Visual Center, Bloomington, Indiana 49401.

Date evaluated: January 11, 1972.

Synopsis: This film consists of a fast paced, at times, chaotic, discussion about the laws and morality surrounding the marijuana controversy. Included on the panel are a former L. A. Police Department Narcotics Officer, a social psychiatrist, an attorney, and two medical doctors. The discussion covers a broad range of questions including the role of the mass media in publicizing drugs and the propriety of the government in attempting to regulate private morality. The general consensus is that today's marijuana laws are ineffective.

Evaluation: Many of the evaluators expressed dismay at portions of the heated discussion, which at times is very confusing and contradictory. As one said "the film gets very fatiguing when you cannot pick out what any one person is saying." However, it was pointed out that this confusion has become synonymous with the whole marijuana issue and perhaps accurately reflects the gulf that exists between people about the problem. Discussion leaders should be aware that many of the penalties for possession, use or sale of marijuana have been changed since this film was produced (1968). Discussion leaders should be knowledgeable of present laws. The Committee felt that this film could be used very effectively as a lead to encounter in-service and general audience discussions.

Rating: Fair; acceptable.

Audience: High school and above.

"MARATHON: THE STORY OF YOUNG DRUG USERS"

Year: 1967.

Time: 51 minutes.

Source: Flms, Inc.

Date evaluated: March 14, 1972.

Synopsis: The documentary camera records highlights from a 30-hour "marathon" encounter session among young drug addicts undergoing voluntary treatment at New York's Daytop village. Dr. Efran Ramirez, coordinator of drug addiction agencies in New York, comments on the meaning of the individual dramas unfolding in this pressure-cooker atmosphere, and describes the theory behind the marathon encounter method. The stories of five Daytop residents are highlighted in the film: Charlie and Eileen, a young married couple, both of whom are addicts; Seena, who is only 20 years old; Judy, 23 year-old daughter of a prominent surgeon; and Roger, a former college student. "Marathons are just life—meaningless at time, but meaningful when we start to relate to one another as people," declares Dr. Ramirez. The final sequence shows a corpse being delivered to the morgue—one of the victims of the recent increase in deaths among New York City heroin addicts.

Evaluation: The Committee agreed that this film, although produced in 1967, is still valid and demonstrates good techniques in group therapy. It is emotional, but calm, and exposes some of the deeper human problems that underlie drug addiction. The Committee felt discussion should accompany *any* usage of the film specifically, that the audience should be carefuly briefed as to the dynamics of group therapy. This film is in black and white; however, the Committee felt that the message in the film is so well presented that this technically does not take away from the film. Committee members commented that the film makes one feel that he is a participant, rather than an observer. Criticism of the film is that it is too long, and that the closing morgue scene is overdramatic and unnecessary.

Rating: Good; acceptable.

Audience: In-service training, those who are about to undergo therapy, teachers, parents, mental health workers.

"MARIJUANA—THE GREAT ESCAPE"

Year: 1970.

Time: 20 minutes.

Source: Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, California 90025.

Date evaluated: November 17, 1971.

Synopsis: George Willis is a teenager interested in drag racing. He ignores the advice of a fellow drag racer and experiments with marijuana. After his girlfriend is persuaded to try marijuana by him, she is injured in a car accident. George participates in a major race after smoking marijuana and is involved in a presumably serious crash.

Evaluation: The Committee felt that this is a well-done Hollywood production, but that beneath the slickness there are a number of overgeneralizations and a sense of overdramatization that badly mar the overall effect. Specifically, a number of statements were thought to lack credibility; i.e., "Most pot smokers feel compelled to turn others on;" "You can never tell when marijuana will hurt you;" "Pot smokers have one thing in common—work is a drag." The Committee felt that the film creates a false impression concerning cause-effect relationship between smoking grass and automobile accidents. One Committee member noted "This film takes a few old generalities and elaborates them into a plot." Another stated "As a warning against drag racing while stoned, it's OK; as an educational film, no."

Rating: Unacceptable.

"MARIJUANA"

Year: 1968.

Time: 34 minutes.

Source: Bailey Film Associates, 11559 Sanata Monica Blvd., Los Angeles, California 90025.

Date evaluated: October 12, 1971.

Synopsis: The film presents arguments for and against smoking marijuana and then advises individuals to make their own decisions. Sonny Bono, of the folk group Sonny and Cher, narrates the discussion against the setting of a "pot" party which is interrupted by the police. As the teenagers are led away by the authorities, they shout out justifications for legalization and ues of marijuana. Each of the arguments is then individually examined in Bono's discussion.

Evaluation: The Committee felt that the film is current, but presents misleading and sometimes inaccuratae statements about the effects of marijuana. Although both the pro and con positions on marijuana use are presented, the negative comments outweigh the reasons presented in favor of usage, and the presentation is not objective. The Committee felt that scare tactics are overused, and that the film related marijuana use and narcotics use too closely.

Rating: Unacceptable.

"MARIJUANA"

Year: 1969.

Time: 52 minutes.

Source: Carousel Films, Inc., 1501 Broadway, New York, New York 10036.

Date evaluated: March 14, 1972.

Synopsis: The CBS documentary surveys the controversy over the social and legal aspects of marijuana use. Interviews with drug users, judges, clergymen, medical authorities, policemen, and legislators present a spectrum of opinions about marijuana's use, its possible harmfulness or harmlessness, its effect on the user's creative powers, and legal consequences of its use. CBS concludes that to them marijuana has not been proven to be any more harmful than alcohol or tobacco. They deny that its use can stimulate creativity. They do not condone its use; however, they agree that the legal penalties are too stringent in proportion to any potential danger of the drug. Mike Wallace narrates.

Evaluation: The Committee agreed that although this film was probably excellent when it was produced, it is useless today. Recent research has changed the scientific information which the film presents. In addition, the film is in black and white. It is too long, and the Committee felt that interest, especially among students, would be short-lived.

Rating: Unacceptable.

"METHADONE"

Year: 1971.

Time: 30 minutes.

Source: Films, Inc., Distribution Center, 733 Greenburg Road, Wilmette, Illinois.

Date evaluated: March 14, 1972.

Synopsis: This film surveys the methadone maintenance program at New York's Beth Israel Hospital. It includes interviews with addicts, hospital and program personnel, and leaders of the Black community. Opinions of both advocates and opponents are voiced.

Evaluation: The main criticism of the film is that it shows very bad control practices, and may give the impression that strict controls are not needed in a methadone program. Examples of this are careless handling of urine specimens, poor methods of dispensing the drug to addicts, and poor security measures. In addition, the film emphasizes a life time maintenance program. Perhaps the film is overly optimistic. The Committee felt that the 80% success rate cited in the film is inflated. The film indicates that blockage occurs instantaneously, when it is necessary to continue methadone use from three to six months before reaching a blocking point. For these reasons, the Committee felt that a good discussion leader is needed to present necessary controls, defined good medical practices, and point out inaccuracies.

In spite of its weaknesses, the Committee felt that the film is timely, and is a fair survey of a methadone maintenance program. One particular point which the Committee felt is beneficial is that the film recognizes that methadone treatment is not sufficient but that various kinds of supportive services are essential, if the program is to be successful.

Rating: Fair; acceptable.

Audience: Community groups, professionals, addicts who are about to begin a methadone maintenance program.

"A MOVABLE SCENE"

Year: 1968.

Time: 15 minutes.

Source: National Audiovisual Center (GSA), Washington, D.C. 20409.

Date evaluated: Not available.

Synopsis: This film was originally part of a three-part series called "Distant Drummer". It is more or less a survey of the international youth and drug scene ranging from California, London, Istanbul, and Kathmandu.

Evaluation: The Committee felt that the introduction by Art Linkletter, which has been added to the original film is out of context and that the film might better be shown at its original starting place, cutting out the Linkletter piece. The Committee felt that certain portions of the film are outdated but overall presented a good broad picture of the youth culture. One criticism of this film is that it graphically shows people shooting heroin, which may "scare the straights but might also make the ex-addicts extremely desirous of shooting up." The Committee felt that this film is geared towards addicts, is a good entre to wide-range discussion, but will hold little interests for anyone in school.

Rating: Fair, acceptable.
Audience: "Adults Only."

"SCAG"

Year: 1970:
Time: 20 minutes.
Source: Britannica Educational Corp., 425 N. Michigan Avenue, Chicago, Illinois 60611.
Date evaluated: December 28, 1971.

Synopsis: This film relates the experience of two heroin addicts—a middle class white male and an inner-city black girl. A narrator describes how a 40 dollar poppy crop in Turkey becomes a 280 thousand dollar heroin supply in the streets of New York. It also focuses on several rehabilitation houses and the use of methadone in the rehabilitation process.

Evaluation: The Committee generally felt that this is a well-done, up-to-date film with scientifically acceptable content. Especially noteworthy is that both sides of methadone treatment are presented in an objective manner. Some members felt that it is not necessary to show so many scenes of addicts shooting up. In balance, however, the Committee felt that with a good discussion leader this is an effective heroin film.

Rating: Fair, acceptable.
Audience: High school and above.

"THE SEEKERS"

Year: 1967.
Time: 31 minutes.
Source: Benchmark Films, Inc., 145 Scarborough Road, Briarcliff Manor, New York 10510.
Date evaluated: January 11, 1972.

Synopsis: Former drug users and addicts discuss their personal experiences with drugs. In conversation among themselves, with students, "hippies", and others, they attempt to understand and explain the reasons behind drug use. The discussions result in a strong feeling that drugs are a "cop-out" and provide no answers to the problems of living.

Evaluation: Most of the evaluators felt that the film is fast becoming out-of-date due to the great strides in therapeutic community treatment methods since the film was produced. In spite of this, the Committee felt that there is much to be learned from the film. Specifically, they felt the emphasis that drugs are a symptom, not the primary disease, is good and cannot be said too often. Many members reacted against the scare tactics used as well as the many "war stories" related by addicts. The feeling is that people today know about the "horrors" of drug addiction. To hear them related again and again does little good and could perhaps have a negative effect. On balance, the Committee rated the film acceptable but not recommended.

Rating: Fair, acceptable.
Audience: High school and above (professional groups).

"TRIGGER FILMS"

Year: 1970.
Time: Three 3-minute films.
Source: Television Center, University of Michigan, Ann Arbor, Michigan.
Date evaluated: November 16, 1971.

Synopsis: The three "Trigger Films" on drugs suggest the drug scene without showing such stereotypes as needles, pills and bad trips. They ask the teenagers to look within themselves to see why drugs might be tempting to them. They are called "Trigger Films" because their purpose is to trigger discussion. They are open ended. They are *not* information packages. The film is divided into three distinct films. At the end of each film there must be adequate time for discussion. The three films are: (1) "Linda," (2) "The Door," (3) "The Window."

Evaluations:

"Linda" on the surface, presents a mother-daughter conflict over playing the radio too loudly, and might be interpreted merely as a film about the generation gap. Subtle, yet recognizable, signs point to Linda's drug use—her detachment, her flushed face, continuing music after the radio has been removed, and exaggerated sounds.

"The Door" is about peer pressure to gain status. The setting is a teenage party within a party whose focus point is a bright red door, behind which something is going on. Some of the guests are invited behind the door, others excluded. A boy playing chess observes the action and wonders about himself.

"The Window" suggests that loneliness, boredom, and depression can lead to sensation seeking through drugs. A boy sits alone in his room, strumming his guitar and feeling blue. He looks out the window, sees two people in the school yard below, hastily grabs some money, and rushes off.

Evaluation: The Committee agreed that this film is an excellence vehicle for good discussion and that a strong discussion leader is needed. Committee members like the approach used, feeling that it allows youth to explore their own thought patterns, thus giving insight into their own persons. The Committee also views the film as being used for multiple purposes, not necessarily restricted to drug education.

Rating: Excellent; acceptable.

Audience: Jr. high school and above with study guide.

"UPS/DOWNS"

Year: 1971.

Time: 24 minutes.

Source: Britannica Educational Corporation, 425 N. Michigan Avenue, Chicago, Illinois 60611.

Date evaluated: December 28, 1971.

Synopsis: The film examines amphetamines and barbiturates. Much of the evidence is given by young people. How our pill-popping society fosters abuse of these sometimes useful drugs, how severe a user's dependence on them can be and what's involved in getting free are among the topics explored.

Evaluation: The Committee felt that the film is an informative, well-produced presentation, realistic in stressing public acceptance, yet high risk potential of the drugs examined. However, it was felt that the film exaggerates and that elimination of scare tactics which are used, would have improved the presentation.

Rating: Good; acceptable.

Audience: High school and above.

"UP PILL, DOWN PILL"

Year: 1970.

Time: 23 minutes.

Source: Bailey Film Associates, 11559 Santa Monica Blvd., Los Angeles, Calif. 90025.

Date evaluated: December 28, 1971.

Synopsis: This film illustrates the different life styles of Roger, a teenage drop-out, and Charlie, an old man living at a home for the elderly. Charlie decides to refurbish a boat that Roger has been using as his crashpad. The friendship and tragedy that follow cause Roger to make some important decisions.

Evaluation: The Committee found this film to be a pleasant change from most drug films viewed. The soft-sell, low-key approach centered around attitudes and values rather than rightness and wrongness is refreshing. The few scientific facts presented are factual. All Committee members felt that this film could be best used with small group discussion following the showing.

Rating: Fair; acceptable.

Audience: Junior High and above.

"WEED"

Year: 1971.

Time: 24 minutes.

Source: Encyclopedia Britannica Education Corporation, 425 N. Michigan Avenue, Chicago, Illinois 60611.

Date evaluated: November 16, 1971.

Synopsis: The film covers some legal, historical and sociological aspects of marijuana. The mother of a 17 year old, arrested and booked on charges of marijuana possession, discusses the implications of the charge with his lawyer. A variety of opinions about marijuana use and its effects are expressed by users, ex-users, and some adults whose opinions are obviously based on misinformation. The film reviews what is now known about physical effects of marijuana and discusses current research efforts. Marijuana's growth, cultivation, a history of its use and the misinformation prevalent in the 1930's are briefly reviewed. A combination of live film, stills, and cartoons are used.

Evaluation: The Committee had mixed feelings about this film. Generally, however, it was felt that the factual content, especially regarding the legal aspect, is not current or accurate. Although it was felt that the film discussed many questions frequently asked about marijuana, the Committee felt that it tries to tell too much, resulting in generalizations and making conclusions difficult.

Rating: Unacceptable.

"WHAT WOULD YOU DO?"

Year: 1971.

Time: 3 films (1) 12 minutes, (2) 12 minutes, (3) 19 minutes.

Source: Film Distributors International, Inc., 223 South Olive, Los Angeles, California 90007.

Date evaluated: November 17, 1971.

Synopsis: (1) "The Model Problem, Behavior." Two boys are standing in a school cafeteria line. They both begin disrupting the line by pushing. One of the boys is finally pushed hard and falls hitting the tray of food of another boy coming out of the cafeteria.

(2) "Drugs in the Home." A small boy has cut his finger. He goes to the bathroom medicine cabinet to get a band aid. After looking at the medicines on the shelves, he removes a bottle of aspirin. As he is about to open it, his mother calls him.

(3) "Stranger." A small girl leaves school with some of her friends, and obviously they enjoy walking together. At the corner they part company, and the girl walks on by herself. She comes upon a parked car in which there is seated a nice-looking man. He looks at the girl, smiles and invites her to get in the car, saying that he will drive her home.

(4) "Pills." A young girl is attracted to some of the packages her mother has just brought home from shopping. With a healthy curiosity, she opens some prescription medicine bottles and looks at the pills. Her mother then enters the room and hurries toward her daughter.

(5) "Tobacco and Alcohol." A father and son are relaxing together in the living room. When the father leaves the room, the boy looks at the cigarette that his father left on the ashtray. He goes over, takes a puff or two and begins to sputter and cough. He also takes a sip of a can of beer.

(6) "Volatile Chemicals." A brother and sister are working in the bedroom. The girl is spraying a wig with hairspray and the boy is painting a picture. Suddenly they both become dizzy.

(7) "Marijuana." A sixth grade boy is approached by an older boy. A police car is parked nearby. The older boy quickly reaches out his hand to the younger boy and passes him a marijuana cigarette.

Evaluation: The Committee felt that these films will be valuable in stimulating children to think independently about the consequences of the choices they make and to help them develop a sense of values. The films do not stress only problems of drug abuse. The Committee felt that these films are excellent openers to classroom discussion. The films are current and present realistic day-to-day situations.

Rating: Excellent: acceptable.

Audience: Elementary school.

HIGHLIGHTS OF DRUG EDUCATION IN VIRGINIA

This summary has been prepared to present concise information about what has happened in drug education in Virginia since the first law was passed in 1928. This law says:

"*Study of evils of alcohol and narcotics* . . . In physiology and hygiene the textbook and course of study shall treat the evil effects of alcohol and other narcotics on the human system."

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On March 6, 1969, Dr. Woodrow W. Wilkerson, sent a Memorandum (No. 5496) to all school superintendents focusing attention on the spread of drug abuse and stressing the importance of providing appropriate instruction in public schools about drugs and the dangers of drug abuse.

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A guide, *Drugs and Drug Abuse*, was published as a resource unit for health and physical education teachers in the intermediate, junior, and senior high schools. It was prepared to help school administrators and health education teachers recognize symptoms of drug abuse, assist them in dealing with the drug abuser, and to provide instruction about the dangers involved in the use of drugs. Copies of the publication were distributed to all school divisions in January 1970.

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HOUSE JOINT RESOLUTION—MARCH 1970

Recognizing the growing seriousness of the drug abuse problem, the General Assembly agreed to "House Joint Resolution No. 122" requesting local school boards to intensify their instructional programs dealing with drugs and Drug abuse and take other appropriate action to prevent drug experimentation and drug abuse among pupils on school property.

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STATE BOARD OF EDUCATION'S RESOLUTION ON DRUG ABUSE

The State Board of Education, at its April 1970 meeting, passed a resolution which called upon local school officials to implement House Joint Resolution No. 122. It also recommended that local school boards provide inservice training opportunities to inform all teachers about the harmful effects of drug abuse.

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FEDERAL GRANT FOR VIRGINIA'S DRUG EDUCATION PROGRAM FOR TEACHERS

Virginia received an Education Profession Development Act (EPDA) grant of $68,000 for 1970–71 school year. The grant enabled the Department of Education to supplement its on-going drug education program in the following ways:

1. A staff member was employed to coordinate the drug education program.
2. Four workshops were conducted to train representatives from local school divisions.

Location of workshop	Number in attendance	Number of school divisions represented
Madison College	45	24
Old Dominion University	29	24
Radford College	41	23
Virginia Commonwealth University	53	30
Total	168	101

3. In-service teacher education programs, coordinated by representatives trained in the workshops, were conducted in local school divisions.
4. *Regional Meetings.*—Nine regional meetings were conducted in the fall of 1970 for those who participated in the summer training workshops and who were responsible for coordinating in-service teacher education in their localities.

Place	Number in attendance	Number of school divisions represented
Roanoke	23	10
Abingdon	26	14
Halifax	19	8
Staunton	20	11
Orange	12	10
Richmond City	17	11
Portsmouth	21	10
Warsaw	22	7
Fairfax	39	4
Total	199	83

5. *Drug Education Survey.*—In May 1971 the Health and Physical Education service of the Department of Education conducted a brief survey of local school divisions to collect information about the problem of drug abuse and drug education in the schools. The information gathered from the survey was included in a report to the State Board of Education.

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Guidelines for Establishing a Policy and Procedures for Drug Discovery in Schools were developed and were approved by the State Board of Education on January 29, 1971. *A Prototype Policy and Procedures for Drug Discovery in Schools* was made available on November 5, 1971.

In 1971 the Department of Education received a grant for $51,007 from the Law Enforcement Administration which was used to purchase films about drugs and to develop a bulletin for use with the films. Prints of 13 films were purchased and placed in the five regional film libraries maintained by the State Department of Education. Copies of the bulletin, *Drug Education Films Available Through State and Regional Film Libraries* were distributed to all schools.

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The following regulation on *Instruction in Drugs and Drug Abuse Education* passed by the State Board of Education in July 1971:

"The elementary and secondary schools shall include in the health education classes instruction in drugs and drug abuse beginning with the 1971–72 school year.

In addition, it is the Board's position by official action that the elementary and secondary schools should incorporate without undue duplication instruction on drugs and drug abuse in other subjects such as civics, government, science, and home economics which have appropriate contributions to make to the overall drug education program."

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Revised health education guides for grades K–12 were distributed to all schools. These present a comprehensive health education program which focuses attention on current health problems. The guides contain information relative to drugs and their use and abuse. Drug education in Virginia is a part of a comprehensive health education program.

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Virginia received an increase of $39,700 in its federal grant for 1972–72 which was used to:

1. Provide a staff member to continue work with the local school divisions, community agencies, youth, and pilot projects.

2. Conduct eight drug education institutes during the summer of 1971 for representatives from local school divisions. Each school division was invited to send a team composed of a representative from the community, from the elementary and secondary schools, and a youth. The program for the institutes was centered around new and innovative approaches to drug education.

Location of workshops	Number attending		
	Community	Education	Youth
Madison College, July 12–16	8	28	13
Madison College, July 19–23	11	36	16
Radford College, July 26–30	9	25	23
Radford College, Aug. 2–6	12	27	11
Old Dominion University, July 26–30	6	25	13
Old Dominion University, Aug. 2–6	9	33	10
Virginia Commonwealth University, July 26–30	11	34	9
Virginia Commonwealth University, Aug. 2–6	16	46	19
Total	82	254	114

Suggested Guidelines for School, Youth, and Community Involvement were developed in the institutes.

3. Conduct 19 regional meetings in the fall of 1971. At these meetings the revised health education guides were presented, and content related to drugs, their use and abuse, was discussed.

NOTE.—It is estimated that between 90 and 95 percent of school administrators and teachers in the State received drug education in the workshops, institutes, and/or the regional meetings during 1970–71.

4. Conduct the drug education survey again in May 1971.

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Five *Pilot Research Projects* were operated during 1971–72 with the assistance of the State Department of Education in the following school divisions: Tazewell, Portsmouth, Winchester, Charlottesville, and Chesterfield. The projects were conducted for the following purposes:

a. To determine how knowledgeable the students in grade eight were about drugs, their use, and abuse.

b. To evaluate the effectiveness of certain commercially produced materials.

c. To test the effectiveness of in-service education programs for teachers.

A test was developed for use in the projects.

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Virginia received another increase of $39,700 in its Federal grant for 1972–73. The additional funds have been or will be used in the following ways:

1. To continue one staff position.

NOTE.—A supervisor of drug education was appointed (December 1972) to coordinate the program. She is paid from State funds.

2. To conduct 15 regional meetings for school administrators and guidance counselors. These were held for the following purposes:

a. To discuss the role of the school principal in drug education.

b. To discuss the role of the guidance counselor in the school's drug education program.

c. To review the State Board of Education's regulations relative to drug education in the schools and to discuss the health education curriculum guides.

d. To discuss the *Guidelines for Establishing a Policy and Procedure for Drug Discovery in Schools* and *Prototype Policy and Procedures for Drug Discovery in Schools.*

The following is a report on attendance at the Meetings:

Location	Guidance counselors	Principals and assistant principals	Others	Total
Norton	22	5	1	28
Marion	15	18	2	35
Roanoke Co.	29	24	4	57
Staunton	20	22	2	44
Front Royal	14	8	3	25
Arlington	65	51	21	137
Madison	25	11	8	44
Appomattox	27	21	5	53
Halifax	32	29	9	70
Richmond	25	17	9	51
King George	15	14	1	30
Williamsburg	42	25	3	70
Stony Creek	13	20	5	38
Suffolk	51	26	5	82
Onancock	8	9	4	21
Total	403	300	82	785

* * * * * * *

Six pilot research projects in drug education were conducted during the 1972–73 school year in Tazewell, Portsmouth, Henrico, Newport News, Roanoke County, and Roanoke City. These were conducted for the purposes stated for the 1971–72 projects and to determine the effectiveness of various teaching methods.

The test used in 1971–72 was revised and used in the 1972–73 projects.

A Bibliography of Films on Drug Abuse Available Through State Agencies

DANVILLE COMMUNITY COLLEGE

Films are available for the public from Mr. Frank Wilder, Coordinator of the Learning laboratory, Audio-Visual Department, Danville Community College, Danville, Va.

Those films available are:

1. *LSD—Insight or Insanity* (28 minutes). The film begins with a good-natured look at teenage faddism: such as, clothes, hair styles, etc., and then moves on to less desirable fads: such as gang fights, "chicken contests", and drug experimentation. The possibility that LSD exercises damaging genetic effects on human beings is emphasized. This is illustrated by scenes of deformed fetuses carried by guinea pigs that were dosed with LSD in pregnancy, along with photos of chromosomal breaks and abnormalties associated with human legislation. The film closes with a warning by former U.S. Food and Drug Commissioner James Goddard that LSD experimentation is like playing Russian Roulette. Film narrated by Sal Mineo.

STATE DEPARTMENT OF EDUCATION

Films are available through public school systems from Bureau of Teaching Materials, State Department of Education, Richmond, Va.

Those films available are:

1. *Acid* (27 minutes). From the death of a boy on LSD to the success of LSD treatments in curbing alcoholism, "ACID" explores the unpredictable power of this chemical tiger. Trips, good and bad, are portrayed and discussed by young acid takers, so is their apathetic life style. Scientists report research on LSD and point out major areas in which answers have yet to be found. Relationships on LSD to creativity, to love, and to the ego are examined objectively.
2. *The Drug Scene* (16 minutes). The film presents a spontaneous discussion by young ex-drug users. Information is given which will aid the students in forming opinions about drugs. It suggests positive ways for "turning on to life." This film provides the teacher with a springboard for class discussion about contemporary problems. The youth in the film are not actors, nor was a script used.
3. *Drugs and the Nervous System* (18 minutes). Describes physiological and psychological effects of various drugs. The film discusses glue-sniffing, stimulants, depressants, opium derivatives, marihuana and LSD. Therapeutic uses and results of abuse of each class of drugs are explained.
4. *Grooving* (31 minutes). A group of teenagers—drug users, non-users, former users—confront one another in a series of discussions on drug use. The group talks about the reasons for trying various drugs and individual experiences with drugs. Members of the group present arguments against drug use in a "tell it like it is" setting.
5. *H+2* (22 minutes). Designed to raise questions and stimulate discussion about drug addiction and society's responsibility regarding this problem, H+2 documents the frustrations and failure of two actual heroin addicts. Following them for two years, one identified with Alvin and Marilyn—with their hopes, dreams, and despair. Both Alvin and Marilyn undergo rehabilitation and are released to face pressures and responsibilities. Both are determined to stay clean and build a new life style for themselves and their families. Why then are they busted again? Is heroin itself the real enemy, or are there other factors beyond their control which could be responsible for their failure?
6. *Heroin* (22¾ minutes). This film deals with the expectations of drug users; the addiction cycle; the goals, problems, successes, and failures of substitutive programs such as methadone therapy; and the distribution chain in drug traffic. Discussions with legislators, public health officials, members of community- and government-sponsored treatment and rehabilitation centers, policemen, psychiatrists, and drug users reveal that, while there may be contradictory arguments about the best treatment for drug users, there is no disagreement about the damaging effects of heroin use—physically and psychologically.
7. *Hooked* (20 minutes). The film consists of a series of statements and discussions with ex-heroin addicts from various socio-ethnic backgrounds. They have been cured for various periods ranging to two years. They project an air of honesty and concern as they discuss their personal problems.
8. *Trigger Films* (3 three-minute films). The three "Trigger Films" on drugs suggest the drug scene without showing such stereotypes as needles, pills, and bad trips. They ask the teenagers to look within themselves to see why drugs might be tempting to them. They are called "Trigger Films" because their purpose is to trigger discussion. They are open ended. They are not information packages. The film is divided into three distinct films. At the

end of each film there must be adequate time for discussion. The three films are: (1) Linda, (2) The Door, and (3) The Window.

9. *Up Pill/Down Pill* (23½ minutes). This film presents a drama which shows the different life styles of Roger, a teenage dropout who uses pills to escape the boredom of his life and his dishwasher job, and Charlie, an old man who is directing his energy toward rebuilding an old boat. The story follows their gradual friendship from the time Charlie finds Roger living on his boat to the tragedy which apparently forces Roger to make some important decisions.
10. *Ups/Downs* (24 minutes). Those pills in the medicine cabinet can become destroyers of minds and bodies. This fact grows increasingly apparent as the film examines the "pep-you-up" amphetamine and the "slow-you-down" barbiturates. Much of the evidence is given by young people. They tell of being trapped on diet pills, pep pills, speed, and barbs. How our pill-popping society fosters abuse of these sometimes useful drugs, how severe a user's dependence on them can be, and what's involved in getting free of them are among the topics explored.
11. *What Would You Do?* (3 films (12), (12) and (19)) "The Model Problem. Behavior" (1). Two boys are standing in a school cafeteria line. They both begin disrupting the line by pushing. One of the boys is finally pushed hard and falls hitting the tray of food of another boy coming out of the cafeteria.

    "Drugs In The Home" (1). A small boy has cut his finger. He goes to the bathroom medicine cabinet to get a bandage. After looking at the medicines on the shelves, he removes a bottle of aspirin. As he is about to open it, his mother calls to him.

    "The Stranger" (1). A small girl leaves school with some of her friends, and obviously they enjoy walking together. At a corner they part company, and the girl walks on by herself. She comes upon a parked car in which there is seated a nice-looking man. He looks at the girl, smiles, and invites her to get into the car, saying that he will drive her home.

    "Pills" (2). A young girl is attracted to some of the packages her mother has just brought home from shopping. With a healthy curiosity she opens some prescription medicine bottles and looks at the pills. Her mother then enters the room and hurries toward her daughter.

    "Tobacco and Alcohol" (2). A father and son are relaxing together in the living room. When the father leaves the room, the boy looks at the cigarette that his father left on the ash tray. He goes over, takes a puff or two, and begins to sputter and cough. He also takes a sip from a can of beer.

    "Volatile Chemicals" (3). A brother and sister are working in the bedroom. The girl is spraying a wig with hair spray and the boy is spray-painting a picture. Suddenly the boy becomes dizzy.

    "Marihuana" (3). A sixth-grade boy is approached by an older boy. A police car is parked nearby. The older boy quickly reaches out his hand to the younger boy and passes him a marihuana cigarette.

DEPARTMENT OF MENTAL HYGIENE AND HOSPITALS

Films are available for the public from Mrs. Helen Long, Department of Mental Hygiene and Hospitals, P.O. Box 1797, Richmond, Va.

Those films available are:

1. *Hooked*—See State Department of Education page 2 for synopsis.
2. *Focus on Marihuana* (15 minutes). Both sides of some arguments often used for smoking marihuana are explored in four situations in which teenagers face peer pressure. Tommy Roe narrates.
3. *Focus on Downers* (15 minutes). Vignettes illustrates how barbiturate can lead to death. The narrator, Greg Morris, questions the reasons why young people abuse barbiturates. A representative of the Los Angeles Free Clinic explains why barbiturate withdrawal should occur only under medical supervision and over a period of several weeks.
4. *Focus on Uppers* (15 minutes). The film explores reasons why amphetamines are used and presents some social, physical and psychological outcomes from amphetamine abuse.
5. *A Moveable Scene* (15 minutes). This film was originally part of a three-part series called "Distant Drummer." It is more or less a survey of the international youth and drug scene ranging from California, London, Istanbul, and Kathmandu.

VIRGINIA STATE LIBRARY

Films are available for entertainment purposes only. They cannot be shown where a fee is charged. They can be obtained through the Virginia State Library or the Richmond City Library, Richmond, Virginia.

Those films available are:

1. *Beyond LSD* (25 minutes). The film dramatizes a medical doctor's discussion with neighborhood parents who are concerned with their teenagers long hair, dress and music styles indicate an involvement with LSD. The physician says the parents are victims of alarmist reactions and urges them to "cool down" and channel their concern towards listening to and communicating with their children. In a film clip shown to the parents, J. Thomas Ungerleider, Professor of Psychiatry at the University of California at L.A., relates the problem of LSD use to the communication gap which he says encourages teenagers to turn to drugs for help with their problem.
2. *LSD—Insight or Insanity*—See Danville Community College page 1 for synopsis.

DEPARTMENT OF STATE POLICE

Films are reserved for Police use only.

Those films available to Police are:

1. *A Moveable Scene*—See Department of Mental Hygiene and Hospitals page 4 for synopsis.
2. *Drugs and the Nervous System*—See State Department of Education page 2 for synopsis.

SOUTHWESTERN VIRGINIA COMMUNITY COLLEGE

Films are available to the public from Dr. Charles R. King, President, Office of the President, Southwestern Virginia Community College, Richlands, Va.

Those films available are:

1. *Scag* (20 minutes). This film relates the experience of two heroin addicts—a middle class white male and an inner-icty black girl. A narrator describes how a 40 dollar poppy crop in Turkey becomes a 280 thousand dollar heroin supply in the streets of New York. It also focuses on several rehabilitation houses and the use of methadone in the rehabilitation process.

V. P. I. & S. U.

Films are available to the public from Chemicals and Drugs Pesticides Unit, 202 Price Hall, V. P. I. & S. U., Blacksburg, Va.

Those films available are:

1. *A Moveable Scene*—See Department of Metal Hygiene and Hospitals page 4 for synopsis.
2. *Drugs and the Nervous System*—See State Department of Education page 2 for synopsis.

Mr. Brademas. I have had the opportunity to look only at the statement of Dr. Peterson, and I must say it is very impressive indeed. I note particularly, as you indicate your endorsement of the legislation extending this act, your critical statement with respect to the budget rationale of the administration in killing off the drug abuse education program. You note that rationale which says that Federal support up to now has focused sufficient attention on these problems, and has provided models for dealing with them, so that the Federal effort can now be diminished, and State local agencies can continue work in these areas.

My own feeling is that that attitude is pure nonsense, it is absurd, inaccurate and ridiculous. Am I too gentle in my description?

Dr. Peterson. I don't think so. We think the administration uses two opposing arguments—either it is working and we can let it go or it has not worked so we have to let that go and try something else.

Mr. Kelly. We have a saying in Virginia, Mr. Chairman, that every time we run out of money for a program they say "Use revenue sharing," and we say that goes along with the same statement in history as "Let them eat cake."

Mr. **Brademas**. Well, we have a lot of dishonest people running the show in this town, unless you had not noticed it. It is not only Watergate—they are totally dishonest in their attitude toward this program.

Now you are spokesman for the States. How much State money—that is, State tax dollars—goes into drug abuse education programs of a kind provided under the Drug Abuse Education Act?

Dr. **Peterson**. These gentlemen can perhaps speak for Maryland and Virginia, and we have a request from New Jersey to testify at one of your later dates of hearings as to the money in New Jersey.

Mr. **Keim**. For the State of Maryland, in the first year of the program we received $21,800 from the State Board of Health Public Works and $50,000 from the Division of Instructional Television but actually only the $21,800 came from State funds. For the last 2 years of our programs we received no funds at all from the State governments. We have been operating on the budget that we received from the Office of Education.

Mr. **Kelly**. Mr. Chairman, in the State of Virginia in 1970 through 1971 we received $68,000 to begin a program and you have the curricula which is one of the developments of that program, given to the members of the committee.

1971 through 1972 is $39,000 to train a very tight in-core group of teachers who would be able to handle that type of curricula that we have. In 1972–73 we anticipate $39,700 but that is just in anticipation at this point and we are not too sure that that is going to come about. As a comparison at the same time one of the therapeutic communities in the State of Virginia received $95,000 last year to run "an education program" as part of its units which was strongly gone against by the single State agency but we were not paid attention to. The program has now been dubbed a failure and it is going to be closed.

The funds also have been passing to other "educational endeavors" throughout the Commonwealth into police departments to run so-called educational programs which are really training programs giving out brochures on what the drugs look like and much of the same testimony you have heard this morning. I think one interesting thing for the subcommittee is the following. As an example, one policeman called me about 3 or 4 weeks ago and said, "We just picked somebody up with a brochure with all the drugs and it is colored and has pictures on it." I said, "Well, why is that interesting?"

He said: "It is interesting because of what the kid said. He is 16 years old and obtained the brochure from the Bureau of Narcotics and Dangerous Drugs and he is using it as a guide to buy drugs with. He said, 'If the Bureau of Narcotics and Dangerous Drugs said this is a drug, that is what I buy and nothing else.' "

That is a good example of missing your mark or your market.

Mr. **Brademas**. Is it fair to conclude that, at least as of 1973, the State governments in this county have not invested any substantial amount of money in drug abuse education?

Mr. **Keim**. I would say for the State of Maryland, yes, we have put in a supplemental budget for the last 2 years and for the last 2 years it has been knocked out of the budget.

Mr. Brademas. Well, I raise this problem for a couple of reasons. What we are seeing in respect to drug abuse education, it seems to me, is repeated elsewhere when we get into this argument about revenue sharing and categorical aid. My own judgment, based on observation over 15 years as a member of this committee, is that the State governments simply don't rush in to earmark State tax dollars for a lot of these categorical programs that members of this subcommittee have determined to be national priorities. So unless the Federal Government provides the funds, there is not going to be any money. That is about the sum and substance of it in Maryland?

Mr. Keim. Our office is up next year, it might be funded.

Mr. Brademas. When it comes to revenue sharing everybody and his brother is going to be beating on the door to get a piece of that money, isn't that true?

Mr. Keim. Very much so.

Mr. Brademas. You are going to be left out in the cold.

Mr. Bass. That is federally funded under this act. The first year of operation we were funded $100,000. That is the only drug education "program" in the city of Baltimore. The second year we received $100,000. We were continued to July 1 but we have been cut to $50,000. It still represents the only drug education effort in the city of Baltimore.

Mr. Kelly. Mr. Chairman, the State of Virginia put in about $10,000 between 1972 and this date in drug education because we are very deeply in a program, and I say this tentatively because we have not gotten to the point of evaluating that, and that will come through my office. I carry commission rank on the State level. We are going to evaluate the program but put that kind of money into it because we feel that it needs a fully integrated program as we have been speaking about this morning.

We use drug education with that. We push the needs of changing attitudes and teaching children in kindergarten through 12. That is what those two green books are all about, that you can change your feelings of hostility and your needs and loneliness through your own mind.

Mr. Brademas. I am struck by several other points in the statement of Dr. Peterson, one of which is related to what has just been said, namely: the administration is budgeting twice as much money for drug abuse law enforcement and treatment and rehabilitation, as it would spend on prevention. That is shutting the barn door after the horse is gone.

Second, the administration transfers the effort to the National Institutes of Mental Health, which is a splendid institution but does not have much to do with the school system of the country, which is the system to which this legislation is in large measure directed. In NIMH drug education would, I fear, get lost.

Third, as you have indicated, Dr. Peterson, in 1973, about 30 percent of the money was channeled to colleges and universities which I think was not at all what Mr. Meeds and I, sponsors of this legislation, had in mind. Have you any further comment to make on any of those three points?

Dr. Peterson. Mr. Chairman, the curriculum is often denounced as being patronizing and unsophisticated in the eyes of the students, and I feel that devoting that much money to channeling it through university auspices is not going to close the gap between speaking of students language and getting the message across and that is why I raised that point.

Mr. Gene Bass is the Director of Project Dawn in Baltimore. Mr. Bass was not introduced at the outset. Perhaps he has a comment.

Mr. **Bass**. I think one of the kinds of things that is happening is that we have been unable to clearly define in our own minds what we mean when we talk about drug abuse because we have been unable define it. We are unable to say whether it has or has not worked.

Secondly, we have pulled in the word "rehabilitation" and used it at any point that other words don't fit and we make it fit our situation. I think until we can draw some real lines of demarcation between what is drug education and we can make some decision as to what it is supposed to do, only then can we make some definitions for rehabilitation.

If we are concerned with rehabilitation, I think we are doomed for failure because I think we are saying you have to fail before you can be helped and they sort of mix these two words up. You talk about drug education and no one is concerned about awareness, and I don't think we can even start to deal with this. This is in reality a problem. I don't think we can start to deal with it until we have educated ourselves about it and I don't see any other better word than the word "education" but we have got to define it in this particular context.

Mr. **Keim**. I think also Mr. Bass said total awareness of community. One of the counties in our State has developed a curriculum Kindergarten through 12 called Drug Education Through Understanding of Self and it deals a great deal with meeting emotional needs and discussing problems and coping. I asked if this was the curriculum that is being used in the school system and he said, "No, the county board has not approved of it because we think it is a bunch of games and the teachers are playing with the kids." So until we educate even administrators in drug awareness, this is a total community problem and drug education does not have to be meeting emotional needs.

Dr. **Peterson**. Mr. Chairman, the national priority programs like environmental education and Indian problems and drug abuse education are mentioned in meeting those specific problems, but in addition to that they bring teachers into a situation in which they must analyze the whole train of what they are doing in every area so that in environmental education and drug abuse education you get benefits specifically but you also get a reexamination of the total curriculum in the school. We see this happen time and time again. It seems to me that is a benefit which is not often pointed to which we have worked with on some of these programs we have seen.

Mr. **Kelly**. Mr. Chairman, I know you are getting ready to leave and it is a busy day for you. I heard you and the rest of the committee and I just jotted down some points of real concern that you had and maybe getting it from a State agency will give you some idea of how we feel.

The mini grant program in Virginia as far as we are concerned is a total disaster. We have had 13 teams come to Washington and 11 of those teams are dissipated throughout the State. As far as I am concerned the members of those teams are probably more frustrated than when they have here and got the training. The two teams that are working are getting background information from us and technical assistance from your office.

We take great exception to some of the reports that have come out about drug education. It hits very hard on drug education. At the same time it is talking about drug training which Virginia does not allow in schools. We don't allow drug training in schools. We don't allow police officers or doctors or pharmacists in the schools. In fact, we don't allow about 77 of the top 100 films in Virginia schools. We did our own survey on them and we don't like them. We have guidelines and what audiences they are allowed to be used for. If they want to call that censorship, they may go ahead and call it censorship but that is the way it will have to be.

Drug education is in trouble in this country today because we have not defined the difference between education and training and which market, which entity. I think that I am in support of H.R. 4715 and I think the State is. I think we need more money in the area like this if we are beginning to see results. I think we have to do the same thing in education.

Mr. BRADEMAS. As I listen to you gentlemen, before I yield to Mr. Meeds, I just make this observation. It seems to me as we look at drug abuse education that we have a very serious intellectual problem defining what we are talking about and developing some sort of criteria that are scientifically acceptable and objective. Second, having done that, we should be looking at some efforts in the field, and evaluating them in a scientifically honest way. So our first problem is one of reason, it is thinking about the issue intelligently.

Our second problem, it seems to me, is a political problem; it is not a partisan problem as between Democrats and Republicans, it is an institutional problem between the Congress and the President, to be very blunt about it. And I would not be so put out with the President if he would say publicly, "I think drug abuse education is a bad idea, I am against it, I am going to do everything I can to kill it" and then give us the budget he has because that is the effect of what he has done. But instead he makes these speeches about how essential it is that we have drug abuse education, and how important it is to our young people that we make progress in this direction, and then he gives us a budget the effect of which is to kill any efforts to cope with the problem.

So it is the administration's dishonesty—to be as kind as I can—that upsets me about this. I think you have made a very compelling joint statement here of the need for moving ahead with intellectual honesty and confessing the difficulty of the problem so that we can try to come to grips with it. I am very grateful to you for your testimony.

Mr. Meeds.

Mr. MEEDS. Thank you very much, Mr. Chairman. I can only echo your sentiments I think in all respects but I was also particularly, as the chairman says, struck by the statement about the costs of education and the costs of law enforcement. As Dr. Peterson points out in his statement, Mr. Chairman, it is not twice as much, it is 10 times as much that will be spent on the increase in law enforcement against drug abuse which is $93 million in 1972, and in 1974 the Department of Justice will receive $8.4 million for all drug abuse prevention. There are some things other than education in there although I think we have to look at all the education. So it is over 11 times as much and it seems to me that we are right back where we were in 1969 when we first started hearings on this legislation with a very unsympathetic administration and dealing in almost the same fashion that we are dealing with the program 3 disasters. 4 disasters years later.

Thank you very much, gentlemen. We appreciate it.

Mr. **Brademas**. Thank you very much, gentlemen.

We are adjourned.

[Whereupon, at 12:30 p.m., the subcommittee adjourned.]

TO EXTEND THE DRUG ABUSE EDUCATION ACT

WEDNESDAY, MAY 30, 1973

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 9:45 a.m., pursuant to recess, in room 2261, Rayburn House Office Building, Hon. John Brademas (chairman of the subcommittee) presiding.

Members present: Representatives Brademas, Meeds, and Lehman.

Staff members present: Jack G. Duncan, counsel; Martin La Vor, minority legislative associate; Christina M. Orth, assistant to majority counsel.

Mr. **Brademas**. The Select Subcommittee on Education will come to order for the purpose of hearing further testimony on H.R. 4715 and related bills to extend the Drug Abuse Education Act.

The chairman wants to recognize the originator and principal sponsor of this legislation, the gentleman from Washington, Mr. Meeds, to present the witness.

Mr. **Meeds**. Thank you very much, Mr. Chairman.

It is a pleasure to introduce to the subcommittee the next witness. At the outset, may I thank the chairman for arranging this special hearing because we missed him 5 minutes after he left on the plane when we called to say the hearing had been postponed.

So, I appreciate the chairman coming to hear this special testimony. I think the chairman will find the time well worth his while because in glancing through the testimony of the witness it reminds me of what I have always known about him, and that is that he is an extremely articulate, capable, and resourceful State supervisor of health education in the State of Washington.

He has not only given us his own impressions but has done a great deal of research with other drug abuse educators and included it in his testimony. So, it is a pleasure to welcome our very fine supervisor of health education and my personal friend to the committee.

Mr. **Brademas**. Go ahead, Dr. Nickerson.

STATEMENT OF CARL J. NICKERSON, SUPERVISOR OF HEALTH EDUCATION, OFFICE OF THE SUPERINTENDENT OF PUBLIC INSTRUCTION, STATE OF WASHINGTON

Dr. **Nickerson**. Chairman Brademas, Congressman Meeds and members of the committee, I am most honored and appreciative that you have made this special effort in order to hear my testimony and allow me to respond to your questions.

As you know, I am supervisor for health and drug education programs for schools in Washington State. I am a former classroom teacher and hold a doctorate degree in education. I am a concerned parent.

I spent about 70 percent of my working time providing direct consultation and service to school districts in my State and listening to and observing their problems. I come before you today as a professional educator who believes that the schools can play a vigorous and vital role in helping young people develop, maintain and protect their health.

You have before your committee my prepared statement and supporting documents. As requested, I have prepared a summary statement.

Mr. **Meeds**. I ask unanimous consent that his entire prepared statement be inserted in the record.

Mr. **Brademas**. Without objection, it will be.

[The statement referred to follows:]

Statement of Carl J. Nickerson, Ed. D., Supervisor of Health Education, Office of the Superintendent of Public Instruction, State of Washington

My testimony today is in support of H.R. 4715 and related bills to extend the Drug Abuse Education Act of 1970 (P.L. 91–527) and the related appropriations. This presentation has been prepared with communication and help from educators in more than half of the states. Some state directors have provided supportive documentation, which is found in Appendix I.

First, I believe it is important to establish a point of perspective. As recently as mid 1969 there was very little federal support for drug abuse presentation in the schools. Then, the Executive Office suddenly released approximately $4.5 million (EPDA) for a crash program designed to prepare all teachers in the nation to teach about drug abuse. Shortly thereafter, P.L. 91–527 was made law without a single dissenting vote in either chamber. Those of us in education, particularly at the state level, viewed this Act as a tremendous opportunity to move forward in this critical area. We felt the funding was less than adequate, but viewed P.L. 91–527 as a developmental bill and accepted the challenge to raise additional funds from other sources.

On the point of financing, it is interesting to note that a report dated June, 1972, done by Macro Systems, Inc., for the D.H.E.W., contains the following statements:

"DHEW spent over $155 million, or 40 percent of the total $380 million total federal drug budget appropriated this year. . . . "Of the $155 million, DHEW spent over $26 million for drug education, or less than 10 percent of the total federal drug budget." [1]

Thus, less than 10 percent of available monies were spent on education. If we could extract from that amount the dollars which went to other than elementary and secondary school programs, the percentage would be far less.

Let us keep this perspective in mind when we hear the "experts" charging that education has failed. I believe that clear thinking people recognize that in spite of the tremendous effort by Congress in passing P.L. 91–527, education, nationally, has not really been given an opportunity to develop its potential in the area of drug abuse prevention.

In spite of the many distressing things which have happened in the administration of this legislation, some of which I shared with this Committee on July 21, 1972, there has been some very good and positive action as a result of P.L. 91–527. I would like to share with you three major points which many state directors agree are among the most rewarding results of these funds:

1. *Increased school-community teamwork.*—Until the onset of federal support, many communities were relying on the schools to solve all the existing drug

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[1] *Evaluation of Drug Education Programs, Main Report*, Macro Systems, Inc., New York, June 1972: p. 1.

problems. Through federal grants, we have been able to bring schools and communities together to combat problems of drug abuse and drug abuse prevention. This has been a most exciting and rewarding experience.

2. *Earmarked funds.*—For the first time, there were funds to state offices earmarked for drug education. State directors, many of whom had seen the need for increased effort in this area years ago, finally had some money with which to work. It should be understood that most state directors have utilized these funds to promote programs including the broad spectrum of drugs in our society and have included social and psychological as well as physiological elements. Also, attention has been and continues to be devoted to attitudinal aspects of the problem as well as knowledge.

3. *Generation of funds from other sources.*—It is hard to imagine that many other federal appropriations, not tied to matching funds, have been able to generate as much hard cash and in-kind funding as have the funds allocated to state offices from P.L. 91–527. References to additional funds can be found in some of the material in Appendix I. Indiana, Idaho, Iowa, Florida and Minnesota alone identify over ½ million dollars, with very little consideration of in-kind services and facilities. I would expect more complete figures can be obtained from the U.S.O.E.

There have also been some weaknesses in the administration of the Act. First, there has been an obvious ignoring of some of the apparent Congressional intent written into the Act. I refer directly to Section 3, (b 1), (b 2), (b 3), and (b 4), which relate specifically to the development, demonstration, and evaluation of curricula. Less than one year ago, in testimony before this Committee, the U.S.O.E. could document only $9,000 of federal dollars specifically spent on drug curriculum, and this was in F.Y. 69.[2]

Curriculum can take many forms, from extremely detailed and prepared for immediate use in the classroom by any teacher, regardless of competency (Appendix II, Exhibit A), to a framework designed to help teachers identify what they should know before they begin selecting and planning student activities—in essence, a curriculum aimed at the teacher (Appendix II, Exhibit B).

I contend that without a national model—not a mandated national curriculum, but a model—we do not have a point from which we can readily measure the differences among the variety of curricula already developed or to be developed. Along with the curriculum model, a model or models for curriculum implementation and utilization should also be developed. Once this is accomplished, other data can be gathered and analyzed in relation to the local curriculum, and also compared to its relation to the national model.

I do not profess to be a researcher or an expert statistician. It just makes sense to me that if one is going to develop a program, he should start with a model he can define and with which he can identify, and measure deviations from that model before other measurements can have much meaning.

As more programs are identified, clarified, and compared to the national model, we may indeed be able to see a number of meaningful comparisons from which we can begin to make logical inferences.

This, I believe, should be a great improvement over the current process of having six or a dozen curriculum guides in the clearing-house and letting people help themselves. In leaving this part of my testimony, I wish to clearly restate that along with the model curriculum, there must also be a model for implementation and utilization.

I do not believe this will require more staff at the Office of Education, for if properly approached and funded, state offices of education could do much of the work necessary to obtain information, once the national models are developed. On this point I have two specific suggestions:

1. An adequate number of representatives from State Offices of Education be involved in each and every step of the planning process;

2. The initial testing be done in one region of the country to develop a prototype or prototypes, thus reducing the confusion, margin of error, and waste of launching a program nationwide prior to gaining experience on a smaller scale.

Next, there exists a lack of evidence of long-range planning. In June of 1971, a group of state directors met at San Francisco State College and, among other recommendations, encouraged the U.S.O.E. to develop a long-range plan (two to four years), to include what needed to be done, who should do it, when, and how to tell when it was done. We were anxious to assist in this task because we were seeking a unified approach and felt that planning and consistency at the federal level, with appropriate input from the states, could aid all parties concerned to be more accountable. Two years later, we find the following recommendation in the Macro report mentioned earlier:

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[2] *Hearings before the Select Subcommittee on Education of the Committee on Education and Labor*, House of Representatives, Washington, D.C., July 1972; p. 57.

"DHEW, through O.A.S.H.S.A. (the Office of Assistant Secretary for Health and Scientific Affairs), should develop a five-year comprehensive drug education strategy including mechanisms for planning continuity, implementation tactics, and evaluation criteria . . ."[3]

The third major weakness is that the lack of planning has resulted in inconsistent programs and areas of focus. The "Help Communities Help Themselves" program is an excellent illustration of this point. For example, seventeen "teams" from communities in Washington State will be attending a two-week training program in California at a cost of $18,299, almost all of which will be spent in transportation and living expenses. Although our office did have an opportunity to read the grant proposals, it was still possible for community groups to bypass state offices and apply directly to the U.S.O.E. We, like many states, feel we have the expertise to do our own training and could improve on the training program by being able to do considerable in-community preparation, training, and follow-up. Incidentally, the U.S.O.E. grant to our state office is $31,300, compared to the $18,299 total awarded to seventeen community groups. Those amounts, plus a proper proportion of the cost of operating a training center in California, would probably total over $125,000, all of which could be used to provide in-depth training and assistance to many more than the 100 or so Washingtonians who will travel to California this year.

In conclusion, I wish to reiterate my thankfulness and appreciation to the members of this Committee for your outstanding efforts on behalf of the youth of our nation. You have tried to provide for the facilitation and development of sound drug education model programs. Much good has come from this effort, but much remains to be done.

The following recommendations are closely related. Accepting one without the others would, in my judgment, seriously hamper opportunities for future progress.

1. Although we appreciate the initiative and leadership of Congressman Meeds and Peyser in introducing H.R. 4715, we are concerned that the amount of funding requested for Section 3 projects will allow, at best, a continuation of programs at the present minimal funding levels. If we are to make up the lost opportunity for the development, testing, and evaluation of national curricula models and program implementation and utilization models, and if we are to move quickly and boldly to carry out the Congressional intent, we will need more funds. I therefore suggest that this Committee consider amending H.R. 4715 (lines 5 through 8) as follows:

> from $15,000,000 to $50,000,000 for the fiscal year beginning July 1, 1973; from $20,000,000 to $50,000,000 for the fiscal year beginning July 1, 1974; and from $25,000,000 to $50,000,000 for the fiscal year beginning July 1, 1975.

2. All funds from P.L. 91–527 shall be awarded through a state coordinating body, with a minimum of 50 percent earmarked for the office of the chief state school official for projects relating to the criteria in Section 3.

Such action would greatly reduce the chances for overlapping and/or conflicting projects within a state, and would increase communication and coordination of efforts.

This would still enable funds to be awarded to projects outside the formal school programs; i.e., peer groups programs, ethnic cultural centers, etc.

All grant proposals should be cleared by the State Coordinating body or agency, and all funds should flow through the same group. In most cases, this would be the same body now responsible for developing the state plan for SAODAP.

Project proposals should coincide with the State Plan. This will greatly increase the chances that good programs will last and consistent leadership will be available.

3. Chief State School Officers or their designees shall have the opportunity to provide input on policy decision and program guidelines concerning drug abuse prevention educational programs *before* decisions are made by the U.S.O.E.

Most state school offices have, or are in the process of developing, basic educational goals for the schools in their states. Since most of these are local decisions, it seems logical that states should have a strong voice in federal educational policy decisions and guidelines so they can get funds to meet their needs, rather than change their goals to get funds. It is the most appropriate way the Federal Government can have to help meet the specific needs of state school systems in their efforts to prevent drug abuse in the young.

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[3] Macro Systems, Inc., op. cit., pp. 8–9.

This recommendation would help alleviate many of the problems revolving around the way funds were spent by the U.S.O.E. in the past.

4. Finally, by passing the original Act, Congress has taken a forward look to-and the severity to which others become afflicted by many of the social health problems. I urge this Committee to explore the possibility of creating legislation and the severity to which others become afflicted by many of the social health problems. I urge this Committee to explore the possibility of creating legislation to strengthen the role of the school health educator, who, as a generalist in the field of social health problems, could organize programs around the health needs and interests of children and their parents, thus increasing the potential for strong and consistent leadership at the grass roots level.

[APPENDIX I]

Letters and Program Summaries from State Directors of Drug Education programs

Department of Education,
Tallahassee, Fla., May 11, 1973.

Dr. Carl J. Nickerson,
Supervisor of Health Education, State Department of Education, Old Capitol Building, Olympia, Wash.

Dear Carl: This is a response to your request for information concerning use of funds in Florida.

1. GOOD THINGS DONE IN FLORIDA?

Year	Federal funds	State funds
1970 to 1971	82,000	76,400
1971 to 1972	48,100	59,000
1972 to 1973	48,100	52,000

a. Hired a state coordinator to coordinate the Drug Education Training Program and the efforts of 67 (counties) local school districts. 28 community colleges and 9 state universities.

b. Each school district and institution of higher learning has appointed a coordinator to work with the state coordinator for drug education purposes. (they are not paid by "our" funds)

2. CONDUCTED TRAINING OF PERSONNEL

a. Trained state team to train 9 regional teams.
b. Trained 9 regional teams to train 67 county teams.
c. Trained 67 county teams to train 2200 school teams.

3. PROJECT OPPORTUNITY PROGRAM

a. Set aside $25,000 from federal and state budget each of the last two years for what we call Project Opportunity Program. It allows one of the 104 school districts and/or institutions to undertake a project (if awarded by a review committee) to make a contribution in their own locale with the stipulation that they share their project results with the rest of the coordinators in the state.

b. No project was awarded more than $2500 or less than $1000.

c. It strengthens our philosophy of "partners in the learning process".

4. HEALTH COORDINATORS PROJECT

a. Summer course for 25 school health coordinators.
b. Project at University of South Florida (Tampa).

c. It is required (in Florida) that every school in the state appoint a school health coordinator to focus attention on (1) health instruction (2) health environment (3) health services.

* **NOTE.**—Carl, we are trying to blend drug education and other health issues as part of a comprehensive health education program.

5. STATE HEALTH EDUCATION CONFERENCE

a. Primarily for county health contact people, but we also invite voluntary agencies and other people outside of education; this strengthens our position for utilizing resources.
b. This year's conference was keyed toward legislation for our Comprehensive Health Education Act of 1973 which will put us in great shape as far as health education is concerned.

6. STATE HEALTH CURRICULUM GUIDE

a. Developed guide entitled "Ideas in Health Education."
b. It includes a drug unit.

* **NOTE.**—We are using drug monies for health education.

Carl, those are major projects. We also put out a monthly newsletter, distribute materials and serve on many committees, etc. just as everyone else.
We are concerned with strengthening pre-service opportunities and also inservice education as well as comprehensive health education. This is our direction with additional funding.
We hope that this provides some assistance to you. Keep in touch.
Sincerely yours,

LOUIS V. MORELLI,
State Coordinator,
Drug Education Training Program.

DEPARTMENT OF EDUCATION,
Boise, Idaho, May 15, 1973.

DR. CARL NICKERSON,
Supervisor, Health Education,
Old Capitol Building,
Olympia, Wash.

DEAR CARL: I certainly enjoyed last week and the opportunity to visit with you, Len, and Paul, even though it seems we never have enough time to get everything accomplished.
I am continually amazed with your enthusiasm, vitality, and energy, in pursuing our common interest of a better comprehensive health education program. Please continue to fight for our rights.
I do hope the enclosed information will be of some assistance for you during your testimony in Washington, D.C. next week. If the information is not complete please give me a call during your short stay back in your office.
Warmest regards,

STAN OLSON,
Consultant, Drug Education.

It would be difficult to provide hard data concerning the effectiveness of the Drug Education program in Idaho during the past three years. From the onset of the program funded initially by EPDA for $40,000 in April, 1970, the philosophy for the state has been a long range approach to provide community and school awareness of the drug problem existing througout the state. It was felt that five years would be a minimum before the effect of our initial efforts would be felt on a statewide basis. Except for one funding set back we are progressing today according to the time-line design three years ago.
It still comes down to the basic simplistic approach that if we are to be effective in combating drug misuse and abuse in our schools and among our young people in Idaho, communities, school administrators and faculties, must be aware that primary prevention will only be effective when it is realized that it is a "people problem" existing rather than a "drug problem".
While the initial concept of the multiplier effect seem to be legitimate it was felt that two major stumbling blocks were apparent for the State of Idaho: First, the lack of sufficient funding to have communities go back and conduct work-

shops in local areas. Secondly, consultive help was necessary along with funding for the follow-up workshops and a State Drug Education team composed of seven people could not provide necessary help.

In the second year of operation, and the first under the funding of the Drug Abuse Act of 1970, it was decided that Regional Drug Education teams would be formed for each of the seven health regions in the State, each dealing with approximately 125,000 people. Each regional team was made up of approximately the same composition as the original Drug Education team with representation from education, law enforcement, mental health, community, and youth.

A program was written to provide two weeks intensive training for each regional team by State Drug Education team to be completed in August, 1971. The first week of the training session was focused on basic information, philosophy, and getting to know each other as a team. The second week was designed for task oriented projects to solidify the team as a unit before returning to their region to conduct workshops. Each team was given $3,000.00 to carry out workshops in the local areas during the following year with the promise that an increased funding from the U.S. Office of Education would provide money for the next fiscal year for each of the communities trained to ultimately do workshops in their own individual area.

This is where we faced the financial set-back when the U.S. Office of Education took our plan, modified it to a minor degree and created the mini-grant program for the "Helping Communities Help Themselves" project. The money we were planning to funnel into the individual communities was therefore not available for the fiscal year beginning July, 1972. With the lack of money, it was then decided to increase the amount of money for each regional team and double the size membership for each team to operate during fiscal, 1972.

Statistically speaking at this point, each community in the State has attended and received training at either a State or Region workshop and every school district in the State has had representation in at least one such workshop. Four of the six mini-grant teams that attended the training center in Minneapolis, Minnesota, last year are now actively involved with our regional team effort while the other two teams returned and have, thus far, done nothing.

This year we have been in close contact and assisted in the writing of the mini-grant proposals for the seven teams selected and are anticipating close liaison and cooperation with their individual efforts during the next fiscal year. Funding, thus far, has consisted of $40,000 from EPDA and an additional $46,000 from the Drug Abuse Act of 1970, and a total for the three year period of $79,600 from the Law Enforcement Planning Commission (LEAA).

Our funding from the Law Enforcement Planning Commission will be completed by September 1, 1973, and we will complete the next fiscal year with an additional $23,000 from the U.S. Office of Education. In addition to the funding mentioned we have a total to date of in-kind matching money for the Law Enforcement Planning Commission grants totaling $25,673.44.

One other funding aspect which is a direct outgrowth of both the funding and the program involved, thus far, has been the Department of Education participation in a statewide federally sponsored Alcohol Safety Action Program. While the entire ASAP program is federally funded, the Court Alcohol School under our direction and half of the administrative expense the Drug Education and Alcohol Education portion of the Department of Education are supported by tuition paid by those participants who have been arrested for driving while intoxicated.

The entire philosophy behind the program and the school is in following with the concept of our Drug Education effort for the previous two years. Almost all of the instructors who teach the course at night have been involved in our Regional Drug Education effort in the past. The instructors were chosen for their ability to relate with people and only one-third are professional educators with the others coming from law enforcement, housewives, counselors for social rehabilitative services, vocational rehabilitation, and mental health. While the total budget involved is dependent upon the number of students enrolled in classes it is anticipated that it should be approximately $38,000 for this current fiscal year and an additional $38,000 to $40,000 for fiscal 1973.

In planning for the future with the Drug Education money a pilot program this next fiscal year will focus on select schools and their faculty members with the Social Seminar, value clarification and the Inside-Out series from National Instructional Television. These pilot programs will be conducted in communities where it is felt that our awareness program the past two years has been most effective and then upon completion we would hope that additional funding for fiscal 1975 would be sufficient to expand this program into as many school districts and communities as possible. This would complete our time-line of five years initiated in the beginning.

STATE OF INDIANA,
Indianapolis, Ind., May 15, 1973.

Mr. CARL NICKERSON,
Supervisor of Drug Education, Old Capitol Building,
Olympia, Wash.

DEAR CARL: The intent of this letter is to answer some of the questions you stated in our phone conservation last week. I hope what I have to say will be of some help to you when you testify.

Probably what I consider the most significant result of the federal money we received was the shift from cognitive to affect drug abuse education. As far as I know, no school, prior to our involvement had ever given any thought to treating drug abuse as a symptom of a problem rather than the problem.

Another very important result of the grants has been the bringing of schools and communities together as one body to combat the problems of drug abuse. Until the onset of federal support the communities were relying on the schools to solve all of the existing problems. With our program we have been able to effectively demonstrate to schools and communities that many of our social problems, including drug abuse, can only be effectively handled through a cooperative effort of both parties.

In our classrooms we are seeing less courses in drug education and more programs dealing with the individuals concerns. Courses of study are dealing less with the substances of abuse and more with the needs of our young people. Prior to the onset of the federal dollar most school drug education programs consisted of the unit on drugs in the health texts and maybe an auditorium speaker. I like to think that we have influenced the schools in such a way that they have gotten away from using one-time speakers, scare tactics, and moralistic approaches to drug abuse education.

Also resulting from the federal money has been the development of many community programs dealing with adult education, community awareness, parent counseling services, student counseling services, alternative programs for students and adults, and treatment facilities.

In an effort to bring about a change in drug abuse education, in fact, all education, the Indiana Department of Public Instruction decided to use the federal money to implement a State Drug Abuse Education Training Center. The center consists of four five-day sessions during the school year. Participants are selected by local school superintendents and his staff. Each corporation is invited to send a team of six people representing school staff, the student body, and the community. Once selected, the teams report to the center for the five-day live-in session. All expenses are paid by the federal grant, except travel. The curriculum for each session varies with the needs of the teams, but emphasis is placed on community organization, communication skills, planning and implementing programs on the local level, developing perspectives, one to one and group counseling, reviewing materials, dealings with student needs, and evaluation. One hundred and fifty communities, 296 actual participants, have been reached with this program. Past experience indicates that each participant can potentially reach 700 students, which means that the State Training Center may indirectly effect more than 100,000 of Indiana's students each year that it is in operation. With out federal support the Center will be closed as will the follow-up of each training session. Much concern is already being expressed about the possible discontinuation of the State Center.

The federal funding has been a tremendous boost to Indiana's Drug Abuse Education Program, however, a considerable amount of inkind matching resources have been supplied by the schools, communities, and other state agencies. Approximately $26,000 can be accounted for in the Fiscal Year 1972-73 program alone through the use of facilities, materials, and free lecturing services.

If we should continue to be funded we would prefer to continue the State Training Center and the intensive follow-up that is required to generate the desired results. Also the more people we train the more need we feel for increased state staff.

I wish you luck in D.C., and hope these comments are of some use to you.

Sincerely,

MARK VAN HORN,
Drug Education Consultant.

DEPARTMENT OF PUBLIC INSTRUCTION,
Des Moines, Iowa, May 16, 1973.

Mr. CARL NICKERSON,
Supervisor, Health Education, Public Instruction,
Old Capitol Building, Olympia, Wash.

DEAR CARL: Following is a brief summary of the types of activities that the State Department of Public Instruction in Iowa have been involved in during the past three years under a USOE drug education grant.

1. We have trained close to 150 teams in a 3–5 day awareness prevention workshops involving 50% youth as participants.

2. Held numerous inservices at the local school community level.

3. Provided numerous inservice programs for lay special interest groups.

4. Participated in a cooperative effort in purchasing ten sets of the social seminar and placed them in a central distributing point available to anyone in the state with a toll free watts line.

5. Conducted two five-day training sessions for 60 facilitators of the social seminar.

6. Provided $12,000 to the University of Northern Iowa to run a pilot project on pre-service affective education.

7. Provided $1,500 to conduct in cooperation with joint county school system at Cedar Rapids two affective value clarification conferences.

8. Provided $1,000 to conduct in a cooperative effort with Central College an affective education project for elementary principals.

9. Cooperating by providing consultant services and materials to Drake University and Wartburg College drug education seminars. Two-weeks, two hours credit.

10. Conducted three-day awareness workshops for vocational rehabilitation personnel, community action program personnel, and opportunity centers personnel.

11. Conducting a five-day youth conference involving 16 teams from all areas of the state, each team made up of four youths; two in school and two non-school youths and one adult.

12. Published and distributed 1,600 copies of the *Prep Report 36 Drug Education* to all Iowa public and private educational institutions.

13. Providing inservice for NET inside out mental health programs for third and fourth graders.

14. Cooperating with the Iowa State Drug Abuse authority in writing the educational component of SAODAP. State plan.

15. Conducting follow-up on all teams trained by the regional training center in Minneapolis and DPI teams.

16. Provided staff for the regional training center for a two-week training session.

17. Continually conducting cooperative projects with the regional training center for personnel in the state of Iowa.

Because of the USOE's involvement in the state of Iowa, the State Department of Public Instruction was able to attract a $50,000 grant from the Iowa State Crime Commission, in addition to the hard match received for this grant of $14,500 from the Iowa State Drug Abuse Authority.

If monies were extended for the coming year through USOE, top priority would be given in the State of Iowa to promoting affective education seminars at the local level. If you have any further questions, please feel free to call or write.

Sincerely,

ROBERT KALDENBERG,
Drug Education Consultant.

KANSAS STATE DEPARTMENT OF EDUCATION,
Topeka, Kans., April 16, 1973.

Mr. CARL NICKERSON,
State Department of Public Instruction,
Olympia, Wash.

DEAR CARL: Here is the information that I promised to send to you.

Kansas has received $93,000.00 in federal funds the past three years.

Kansas, on an average, pays $22.00 per day for substitute teachers. I have added this up and it comes to an aproximated $125,420.00 for the three years. This is for the classroom teachers who have attended workshops from 2 days to

14 days. This amount does not include the community representatives or the students. This does not include the professional services that were donated to our workshops. The big weakness has been for follow up after attending our workshops and to provide each school district consultative services needed to follow through in the development of their community and school programs.

I hope this is the kind of information needed.

Sincerely,

CARL J. HANEY,
Director, Drug Abuse Education.

DEPARTMENT OF EDUCATION,
St. Paul, Minn., May 15, 1973.

MR. CARL NICKERSON,
Health Education Consultant
State Office of Public Instruction,
Olympia, Wash.

DEAR CARL: I am pleased to learn that consideration is being given to the possibility of extending drug education funding by Congress.

The Drug Abuse Education Act of 1970 funding has made it possible for the Minnesota Department of Education to identify and fund demonstration centers with local matching funds. These fifteen centers have become involved with focusing on the cause of drug abuse rather than the symptom itself. Major emphasis has been given to developing instructional learning programs relative to positive self-concepts, interpersonal relations, and alternatives to drug use and abuse. Specific examples of these experiences are described in the attached statements. The funds have also been utilized to improve the quality of leadership at the state level with partial funding of a state drug education coordinator, a part-time consultant.

For each of the three years funding, the number of educators directly involved in some type of in-service education program is as follows:

1971–72	3,200
1972–73	11,000
1973–74	12,000

State funds have been involved in the drug education program for the past three years. These funds are as follows:

1971–72	$23,970

These funds were used for curriculum development, in-service education, a portion of my salary.

1972–73	$24,000

This amount of money was used for partial salary of the drug education coordinator and a portion of my salary, printing of guidelines or drug related problems, local leadership, and in-service education.

1973–74	$83,892

These funds were used for local leadership, in-service education, printing of curriculum materials, mailing of curriculum materials, and partial salary of the state drug education coordinator and a portion of my salary.

If drug education funds are extended, a portion of the Minnesota allotment would be used to assist the State Drug Authority Regional Clearinghouse directors in the development and implementation of in-service education programs. Another portion would be used to assist local school districts in developing effective evaluation techniques, and planning alternative programs.

I hope that this information will be helpful to you, and if we can be of any further assistance, please do not hesitate to contact us.

Sincerely,

CARL KNUTSON,
Supervisor,
Health, Physical Education, and Safety.

SPECIFIC DRUG EDUCATION PROGRAMS WITHIN DEMONSTRATION CENTER PROJECTS

First aid-crisis intervention sessions have been sponsored for school nurses, school secretaries, counselors, selected staff—conducted by regional drug education clearinghouse staff. Minnesota Health Department and local treatment facility staff. One demonstration center sponsored a session for 15 surrounding school district representatives using treatment resource staff. All have held internal sessions. Technique of role playing is specifically used.

Peer to peer grouping—secondary students have been inserviced to work with elementary students on a scheduled basis in 4 school district demonstration centers.

Demonstration staff and state staff have received training in following areas and have been resource trainers within their own districts: Values Clarification, Human Development Program (Magic Circle), Transactional Analysis, Family Communications Systems, PET–TET, Social Seminar, Developing Understanding In Self and Others (Developmental Guidance), etc. This has occurred in all demonstration centers and demonstration center staff are being used as consultants in other school districts.

Student Advisory Council have written and administered secondary attitudinal survey in three demonstration center districts.

As a direct result of an inservice program by a staff psychiatrist at a juvenile reformatory, 45 alternative activities have been organized for secondary students—2 demonstration districts.

Introduction and inservice of DUSO (Developing Understanding In Self and Others) in all demonstration centers at the primary level.

In service programs over an extended period of time (4–6 months) have been held in all demonstration center districts, stressed at the elementary level particularly. Examples of topics explored: verbal, non-verbal communication, relationships as they are seen in classrooms and families, valuing, staff mental health and personal growth, referral of students with specific needs, alternative "highs," etc.

Student-staff conducted programs involving Social Seminar. (3 demonstration centers). Inservice organized for students, parents, teachers, community agency people, law enforcement, etc.—and open to surrounding school districts. Trainers from Washington D.C. brought in.

Student needs assessment conducted in area of attitudes and drug information at both secondary and elementary level in 10 demonstration center districts.

Student-conducted "open house" school district administrators—demonstration center district.

Principals' workshops to inservice principals in area of "building policies, needs assessment, staff-pupil relationships—2 demonstration center districts.

Student-established elective classes in area of self-concept, self-worth, etc.—3 demonstration centers.

Inservice in area of grading alternatives, self-concept and conferencing—done by counseling staff in 4 districts; done by resource consultants in 10 districts.

Human Relations regulation in Minnesota forms basis for drug education inservice for staff in demonstration centers.

Professional staff from helping agencies work directly within demonstration districts. In one demonstration center Psych. Day Hospital work as facilitators with school student and staff groups.

Parent-Teacher resource centers (one in each school building) specifically established in 10 demonstration center districts.

In three demonstration centers building coordinators have been established to be responsible for all drug education efforts and referrals within their buildings. Written feedback is given main coordinator on a monthly basis.

Advisor-advisee system has been implemented to deal with specific non-academic problems in 7 demonstration center districts.

Formal evaluation of parent-teacher-student team (20 teams of 3) leadership project designed for parents.

Visitations within demonstration center districts to share ideas; visitations by other districts to demonstration centers and visitation by demonstration center coordinators to other districts to act on consultative basis.

UTAH STATE BOARD OF EDUCATION,
Salt Lake City, Utah, May 22, 1973.

CARL NICKERSON,
Consultant, Health Education, State Department of Education, Old Capitol Building, Olympia, Wash.

DEAR CARL: Dorothy passed along a request from Pat McGuire to write you immediately. In accord with the request may I pass along the following:

1. During the past three years Utah has executed and implemented each year's drug education project proposal in almost every detail. Several highlights are:

1970–71 State team of leaders educated and trained at San Francisco State—month-long workshop.

Utah statewide leadership training "Live In" for 180 school, student, and community leaders— one week (Park City, Utah).

Twenty-one local district and/or regional teacher in-service workshops throughout the entire state of Utah. Thirty-eight of Utah's 40 school districts participated.

1971–72 Additional teacher in-service workshops in three districts. Thirty-nine of Utah's 40 school districts now are participating in the program.

Funded six school site student oriented special projects for drug abuse prevention.

Carbon.—"Get With It" Leadership, Work, and Recreational Opportunities for Students Not Already Serving in School Leadership Roles. The program will be directly attached to the Community School Program and will use the Mont Harmon Jr. High School after school hours.

Grand.—The School as an "Opportunity Center"—Student Use of the High School Monday-Friday from 7:30–11:00 p.m.

Granite.—Legally and Socially Accepted High Risk Activities for Known Drug Users—An Attempt at a Counter "High" as an Alternative to Drug Use with Considerable Student Direction and Involvement (20 drug using students).

Provo.—Bridging Rigid Student Peer Group Communication and Relationship Barriers.

Wasatch.—"The Sky is the Limit"—Student Operated School and Community Group to Enhance Youth Opportunities, Communication, and Programs.

Weber.—Two Phased Program

I. Three 1-day Mini-Seminars for Teacher In-Service Training—Based on High School Cone Concept.

II. Identification of Risk Taking and Behavioral Problem Students in the 4th, 5th & 6th grades with "Quest"-like programs which Involve Students During School Year and Summer. Students to be followed through to 10th or 11th grade.

Prepared and conducted the Utah 1972 Statewide Student Assessment about drugs and drug abuse involving in excess of 33,000 junior and senior high school students in 29 of Utah's 40 school districts. See attached preliminary summary. The assessment had three parts: 1. Knowledge, 2. Attitude-Value, 3. Non-use, Experimentation or Use.

Each individual school was given their own computer data so that they may work on their own problems. Mass media release of data was limited to only a statewide summary. Much good has come from knowing where we are and what is the real extent of the problem we face.

1972–73 Funded eight special projects at the school level where direct contact with students is the priority.

No. & So.
Sanpete.—Youth Drug Education in Rural Schools.

Ogden.—A Relevant Guidance and Counseling Program for Disenfranchised Youth.

Weber.—Quest Programs for Risk Taking and Behavioral Problem Students in Grades 4, 5, and 6.

Park
City.—Informal request about possible use of Coronado program dealing with values, decisions, and risk taking behavior.

Carbon.—Get With It II—coordinated community and school program to offer alternatives to drug use with special emphasis for those not already involved in school functions.

Jordan.—In-service Teacher Education with specific follow-up in each school in the district. Focus is on: 1. Information and understanding. 2. Improved communication. 3. Creative leadership by teachers.

Duchesne.—Special Drug Education Project—"Recreation for some—Rebirth for Others".

1. Opening school 2 nights a week.
2. Student to student appeal to involve students not now active except for attendance only.
3. Self image building for selected students—survival trek.
4. Social seminar training for school and community leaders.

Granite.—Self Esteem Building via work and socially acceptable "highs."

State follow-up meeting of district drug education coordinators. See attached program sheet.

2. Better than 99 percent of Utah's allocated Federal Drug Abuse Education funds have been allocated and spent at the local district and school level. For three years running the State Board of Education has provided a director of the program at state expense. Only travel to specific drug education meetings called and sponsored by the U.S.O.E. have been used for the director.

A sizeable amount of district funds have gone to match federal drug education dollars. This has come in released time for teacher education and training, supplies, printed materials, etc.

Only $3,900 of federal drug abuse funds were used for the Utah 1972 Statewide Drug Assessment. All computer time, screening clerical time, research consultant time, secretarial time, etc., has come from other state sources.

In reality Utah has achieved tremendous mileage out of fewer dollars in this program than in most any project undertaken for decades.

3. Plans for the future would depend somewhat on the level of funding. We would plan, however, to continue to fund at the student level special projects were administrators and teachers express enthusiasm and a willingness to do something helpful and constructive. We would also plan a thrust of teacher inservice workshops designed to help all teachers improve their perception and techniques in building self-esteem in students at all levels. We also need some money to print and distribute a summary of recommended approaches, techniques, programs, etc.

If the program becomes more permanent it would be wise to add additional consultant help at the state education agency inasmuch as the past three years has required the specialist for health, physical education, and recreation to spend the greater portion of his time with the drug abuse education program.

Success in your efforts!

Keep Smiling!

Sincerely,

ROBERT L. LEAKE,
Specialist, Health, Physical Education, and Recreation.

ARIZONA DEPARTMENT OF EDUCATION,
Phoenix, Ariz., May 15, 1973.

CARL J. NICKERSON, Ed.D.,
Supervisor of Health/Drug Education,
Old Capitol Building, Olympia, Wash.

DEAR CARL: I am sending you a copy of our legislative report in hopes it will assist you in your presentation before the Congressional Committee.

Arizona, I feel, has developed the finest Alcholo and Drug Prevention program in the United Sttaes, and this has been made possible due to the support we have received from State Legislators and the administrators of our 292 school districts.

The legislature has appropriated $200,000 for the fourth year of our program and passed a new law making the Department of Education responsible for a comprehensive Alcohol and Drug Program.

If you have any further questions or if I can help you in any way, don't hesitate to write or call me.

Sincerely,

ROBERT L. BELL,
Director, Alcohol and Drug Education.

MARYLAND STATE DEPARTMENT OF EDUCATION,
Baltimore, Md., May 11, 1973.

Mr. CARL J. NICKERSON,
Superintendent of Drug Education,
Olympia, Wash.

DEAR CARL: It was good talking with you today and I admire your fortitude in working toward the extension of the Drug Abuse Education Act. Betsy and I would have come to the hearings to give you moral support but we are conducting the *Social Seminar* on the Eastern Shore of the State during the week of May 21.

The following are generally the answers I gave you over the phone in response to your questions:

I. Activities of Drug Training Staff 1970–73.

1. Held 4 one week workshops in drug awareness for educators, students, parents and representatives of community agencies. Total of 210 people that expanded through the multiplier effect to 20,000 people by July 1971.
2. Established pilot high school classes throughout the state to survey their communities in terms of drug usage and then assessed the needs of the community in terms of drug education, prevention, rehabilitation and treatment. Class report submitted to local community drug committees for study.
3. Conducted 7 one week workshops in *Social Seminar*.
4. Conducted 2 one week workshops in Drug Counseling.
5. Worked on various projects with the Maryland Drug Abuse Administration such as State Drug Awareness Poster Contest, exhibition booths at educational and medical conventions, and evaluation of resource material.
6. Resource person to the Department of Juvenile Services in development of drug curriculum for correctional camps, to the Department of Education in writing drug counseling guidelines for educators which covers the law of confidentiality for students seeking help with a drug problem and in the development of a State Comprehensive Health Curriculum K–12, and to various local educational agencies in the development of drug curricula.
7. Distributed to every public school a Directory of Resources, compiled by the Drug Abuse Administration and a drug resource kit which included materials on drug information, the drug counseling guidelines and an evaluation of drug films. Also, distributed to every secondary school pupil (grades 7–12) a pamphlet "Drugs and You" which explains the laws of confidentiality.
8. Maintained a liaison with contact person in each local educational agency and periodically meet with the entire group or send the latest information on educational programs, research and development to the contact person.

II. Throughout the three years of the program many people have volunteered their time and expertise in our program:

Assistant Principal from Baltimore City Public Schools.
Psychologist from Baltimore City Public Schools.
Health Educator from Department of Health and Mental Hygiene.
Administrator from Department of Juvenile Services.

The above four persons were on loan from their agencies for 75 days to receive drug education training, develop and implement the regional drug awarness workshops during the first year of the program. No cost to federal funds.

Students at the University of Maryland School of Pharmacy—speakers at workshops. Educational Staff of the Maryland Drug Abuse Administration—co-trainers at workshops. Counselors from local educational agencies—resource persons at State drug counseling workshops. Staff from local crisis centers—speakers at workshops.

III. Facilities have been provided for week long workshops free of charge:

Frederick Community College, Frederick, Md.
Sheppard and Enoch Pratt Hospital, Towson, Md.
Towson Presbyterian Church, Towson, Md.
Fort George G. Meade, Md.
Resource Center, Centreville, Md.
Patuxent Naval Air Training Center, Lexington Park, Md.
Bumpy Oak Counseling Center, La Plata, Md.

IV. Financial aid has been provided directly for our program from the following sources:

State Board of Public Works $21,800.
Governor's Commission on Law Enforcement and the Administration of Justice $23,650.
State Department of Education $50,000.

This aid was in the first year of the program. In subsequent years, no other funds were provided. The State of Maryland receives $34,450 from the Drug Abuse Education Act which pays for salaries of staff and secretary, transportation and materials.

V. Activities that will be attempted if Drug Abuse Education Act is extended.

1. Provide training for administrators and teachers in awareness of student's needs and how this relates to drug abuse.
2. Provide materials and programs for elementary teachers in "drugs" which I see as respect for drugs, respect for others, respect for property and respect for themselves.
3. Provide a clearinghouse for drug informational pamphlets, drug films and drug programs.
4. Provide training for parents in drug awareness, communication skills and the development of positive self concepts for themselves and their children.

I hope this information will be of some help to you and good luck on May 23. If I can be of any further help, let me know.

Sincerely,

James T. Keim,
Director, Drug Education.

State of New Mexico Department of Education,
Sante Fe, N. Mex., May 16, 1973.

Mr. Carl Nickerson,
Drug Education Consultant,
State Office of Public Instruction, Olympia, Wash.

Dear Mr. Nickerson: In response to a request from Mr. Pat McGuire, here is the information he indicated would be of assistance when you testify in Washington, D.C.

The past three years the major thrusts of our program have been directed to curriculum development, program implementation and evaluation.

The curriculum guide that has been developed is designed to meet the specific needs and to some extent rather unique needs of New Mexico. By June 30, 1973, we will have published the guide and will be in process of disseminating the guide to all districts within the state. We have received very positive responses from the districts that have been involved in field-testing projects utilizing the guide. The guide embraces and works around the theory that most professionals now hold, that being that drug abuse is social-psychological in nature in which one must consider the entire health spectrum of an individual (physical, social, emotional).

To implement effective programs utilizing this guide we have found it necessary to provide in-service training to the individual school districts. The need for this in-service training has come about mainly due to the approach and concepts that are advocated in the guide. A total integrated approach is being suggested in which you consider concept dealing in both the affective and cognative domains. Although this curriculum is simply a guide we believe it can be adopted to any of our districts if the personnel, directly involved in program feel comfortable working with it. Many times you have to cultivate a positive attitude.

It has been our experience that many programs need periodical reinforcement and evaluation. The vehicle that we have found to be the most effective to lend this support and assistance in evaluation efforts has been on-site visitations. To date this activity has been somewhat limited due to the time factor, number of staff available and funds.

We have reached the point where we feel that we can now finally start reaping the benefits of our efforts of the past three years. Although we at the point that many positive things can take place, I do believe that the programs will disintegrate if left at this infant stage.

As of to date, Federal funding has not generated any state appropriation within our state to be earmarked for drug education at the State Department of Education level or state level to give direction to drug education programs. Our entire operating budget for the up-coming fiscal year will be that amount of Office of Education grant. At this time I do not foresee the state taking the position of supporting drug education programs at the state level if Federal funding is cut.

Sincerely,

Sam J. Williams,
Assistant Director of Drug Education.

STATE OF NEVADA DEPARTMENT OF EDUCATION,
Las Vegas, Nev., May 11, 1973.

Mr. CARL J. NICKERSON, ED. D.,
Supervisor of Health/Drug Education, Washington State Department of Education, Old Capitol Building, Olympia, Wash.

DEAR CARL: Enclosed herewith are some materials that outline what we in Nevada have been able to do with our Federal funds (P.L. 91-527).

I have been following your activities closely and wish to lend any possible support to your efforts in securing continued Federal funding.

You may be pleased to note that the 1973 Nevada Legislature did provide permanent state funding for my position.

Please feel free to call upon me to render any assistance you may deem appropriate.

Sincerely,

ROBERT M. HIRSCH,
Director, Drug Abuse Education.

Enclosures.

THE NEVADA STATE DEPARTMENT OF EDUCATION DRUG EDUCATION PROJECT

The Office of Education, Washington, D.C., identified the need for drug abuse education to be more carefully directed on a state to state basis than the individual states seemed willing or able to accomplish on their own. Therefore, under the terms of the *Drug Abuse Prevention Act of 1970* (Public Law 91-527), the Office of Education made available to all fifty state departments, funds specifically designed to initiate formal drug education programs. The grant allocation to Nevada for FY 70-71 was forty thousand dollars ($40,000). This initial grant accomplished the following:

1. Established a five man training team for the state.
2. Enabled the team to attend the National Drug Training Center, San Francisco State College, for an intensive five week program.
3. Development and operation of drug education workshops in fifteen of Nevada's seventeen school districts, involving over two thousand teachers, administrators, nurses, guidance personnel, etc.
4. Development and distribution of a comprehensive drug training kit for teachers.
5. Developed permanent in-service drug education courses in many of Nevada's districts.
6. Assisted the United States Air Force, Nellis Air Force Base, in the preparation of a drug education program for servicemen.
7. Assisted in the development of community action programs in the larger population centers of Nevada.

With a continuation grant of twenty-three thousand dollars ($23,000) and without *any* supportive state funds, we accomplished the following for FY 71-72.

1. Developed, in cooperation with the Clark County School District, the Parent-Youth Program (funded by the Southern Nevada Drug Abuse Council).
2. Developed the state's first meaningful Student Drug Attitude Survey, now available to any district in Nevada.
3. Appointed distributor to Nevada schools for all drug education material developed by the Federal Government.
4. Established on-going specialized workshops for school nurses, guidance personnel, and administrators.
5. Established Nevada's first Youth Confernece on Drugs—Lake Mead, Lodge, May, 1972.
6. Creation and expansion of Drug Education For Parents—Pilot Project, Boulder City, Nevada. There were one hundred ninety-seven graduates for the sixteen week course.
7. Established a week long training program for teachers who wished to serve as instructors in our Parent Education Program (funded by the Southern Nevada Drug Abuse Council).
8. Initial development of Nevada's first Health-Drug-Safety Education Framework, Grades K-12.
9. Worked with the Office of Education in the selection of training teams from Nevada to the Mini-Grant Center in Oakland, California.

With a second continuation grant of twenty-three thousand dollars ($23,000) and again, *no* supporting state funds, FY 72-73 State Department Project accomplishments include:

1. Tie-in with a nation-wide drug information retrieval ssytem which would allow every teacher in the state to use this service through the Department's Las Vegas Office.
2. Mailed to date (January 31, 1973) over seven hundred comprehensive drug information packets to teachers state-wide.
3. Booked our drug film library through May 1973 in all areas of our state.
4. Completed Nevada's first comprehensive cognitive drug test.
5. Completed Grades K-12 Health-Drug-Safety Education Framework. (Framework is now being reviewed by selected teachers throughout Nevada.)
6. Worked with the Institute of Social Concerns, Oakland, California, in improving the quality of mini-grant training programs for Nevada.
7. Distributed to every educator in the state, a five page outline of drug education services and materials available at no cost.
8. Seven Drug Education For Parents courses are now in progress in the Las Vegas area. (Instructor's salaries provided through assistance from the Southern Nevada Drug Abuse Council.)
9. Developed drug information material in the Spanish language for the large number of Cuban, Mexican-American, and Puerto Rican residents of the state.
10. Developed a position paper on drug education which was adopted by the Nevada State Board of Education.
11. Concluded two in-service presentations in Washoe County; one in White Pine County.

By the end of FY 72–73 we will have:

1. Concluded at least fifteen Drug Education For Parents courses (8 weeks each—using a minimum of ten trained instructors.)
2. Concluded the largest parent-child drug education effort in the state. (Six hundred forty-eight parents and children involved in a nine week pilot project.)
3. Concluded our second state Youth Conference on Drugs.
4. Distributed our Health-Drug-Safety Education Framework to every teacher in Nevada.
5. Completed at least three teacher training programs (48 hour, 38 hour, and 18 hour course outlines)
6. Completed the first eighteen week *Drug Education For Parents* course on commercial television—KORK TV.
7. Completed a special curriculum framework designed exclusively for the primary grades.
8. Completed work in a booklet designed to give direction and support to the parents of young children who wish assistance in the area of "what to say" and "how to say it" when providing needed medicines to a child.

Answers to the Most Frequently Asked Questions About the Nevada State Department of Education's Drug Abuse Project

1. When did the Project begin?

The Department's Drug Project began July 1, 1970.

2. Where did funding for the Project originate?

The United States Office of Education under terms of P.L. 91–527.

3. What was the amount of the grant for the first year?

Forty thousand dollars ($40,000).

4. Has the Project been funded at the same level for each continuing year?

No. Funds for each continuing year were reduced to twenty-two thousand three hundred dollars ($22,300).

5. Has the State of Nevada provided supportive funds for the Project?

No. While the 1971 Nevada Legislature provided one hundred sixty-three thousand dollars ($163,000) for drug education, all state funds were directed to the University of Nevada Research Project. No funds were given to the Department's program.

6. Can the Department's Project continue without state support?

No. Should the 1973 Legislature fail to provide funding for the Project's consultant position. Federal support will end June 30, 1974.

7. Why will Federal funds stop?

The intent of the Office of Education was to provide "seed" money to the states to initiate State Department drug prevention programs. It was presumed that once such programs had demonstrated their effectiveness, state support would follow.

8. Can additional Federal funds be secured if the state provides funding?

Yes. Should the consultant position be funded, the state may apply for additional funds for FY 1974–75. However, to compete for such funds state support must pre-exist.

9. Has the project involved itself outside the school setting?

Yes. The project actively participated in the formation of many community action programs throughout Nevada.

10. Has the Project cooperated with other agency programs in an effort to avoid duplication?

Yes. The Project cooperates with any State, county or community agency that requests our services.

11. What are some examples of inter-agency cooperation?

A. The Parent-Youth Reorientation Program (Clark County School District and Juvenile Authority)

B. Program Development (U.S. Air Force, Clark County Juvenile Authority, State Alcoholism Division, S.N.D.A.C., D.E.T.R.A.P., Clark County Sheriff's Department, Las Vegas Police Department, State Bureau of Narcotics and Investigations, National Institute of Mental Health)

C. Local education agency assistance (provided in 15 of Nevada's 17 districts)

12. What effort is being made to provide parents with drug prevention education?

A variety of drug education programs for parents are now functioning.

A. Adult education classes.
B. Parent-child class (split-level).
C. Television classes.

13. What is a split-level class?

The parents and children attend special classes in the same facility at the same time, but in separate classrooms. This approach has been extremely successful. The Western High Split-Level Program (Las Vegas) has over six hundred parents and children involved. (It is now in week four of a nine week cycle.)

14. Why has the split-level program been successful?

The split-level program permits the family to function as a unit: parents and children are doing something together. Children involved in the current program are grouped into thirteen age oriented classes (age 8 through 16). There are seven adult classrooms.

15. How many professionals are involved in the split-level program?

Thirteen youth instructors, seven adult instructors, seven visiting consultants.

16. How much does the nine week split-level cycle cost?

Four thousand eight hundred sixty dollars ($4,860).

17. Where does the Project find sufficient funds for the split-level program?

Half the cost is paid by the Southern Nevada Drug Abuse Council. The Clark County School District provides the facility and consultant services at no cost. The State Bureau of Narcotics and Investigations provides a consultant at no cost.

18. Who pays the instructors of the Project's regular adult education courses?

The Southern Nevada Drug Abuse Council pays three thousand dollars of the four thousand dollar yearly cost.

19. Why are so many programs functioning only in Clark County?

Because of the Project's present limited Federal budget ($23,000), special programs can function only in those communities where financial support exists.

20. If the Legislature should fund the Project's consultant position, will this free sufficient funds to bring these special programs to all interested Nevada communities?

Yes. The Project could develop an extensive training program giving each community a core of trained professionals operating under Project direction. The Project could, itself, provide "seed" money through Project paid instructors to get such programs started.

STATE EDUCATION DEPARTMENT,
Albany, N.Y., May 17, 1973.

MR. CARL NICKERSON,
Supervisor of Health Education, Office of the Superintendent of Public Instruction, Old Capitol Building, Olympia, Wash.

DEAR CARL: Funds provided through the National Drug Education Program of the U.S. Office of Education have stimulated the implementation of health and drug education programs in well over 300 school districts in New York State.

During the first two years of funding, cadres of drug education specialists were trained to run local inservice programs for upgrading the competencies of school personnel in the drug education area. Last fall the emphasis of this program was shifted to the initiation of a network of trained Health and Drug Education Coordinators in each of the larger city school districts and in the Boards of Cooperative Educational Services (BOCES) serving the smaller school districts on a regional basis across the State. The BOCES and City Health and Drug Education Coordinators are persons uniquely qualified, through both training and position, to serve as change agents, in bringing about reorganization of school and community resources at the local level. The activities of Coordinators are encouraging the development of optimally effective student programs as well as stimulating and conducting programs to increase professional competencies and community involvement in the health and drug education area. (A resumé of suggested responsibilities for Coordinators is enclosed.)

This past year Coordinators have been positioned in 13 regions, providing expert leadership in health and drug education program development for approximately 202 school districts representing 900,000 students and more than 28,000 teachers. NDEP funds were supplemented on a 50–50 basis by the BOCES to provide salaries for the employment of these persons. With Coordinator positions thus provided, the State Education Department has appropriated $75,000 in State funds to conduct training programs for personnel to fill these positions effectively. Finally, through New York State's program of State Aid, schools that submit approved proposals to run cooperative health and drug education programs through BOCES bec [illegible] to receive 50% to 80% State assistance on their local contribution [illegible] these programs after the first year. The result is that a $116,000 grant from the National Drug Education Program (the amount we received last year) not only has a potential of generating from $300,000 to $340,000 additional state and local monies for health and drug education in New York State, but also serves as seed money for mobilizing efforts which eventually become self supporting.

In order to extend the sphere of influence of Coordinator leadership to every school district in New York State, a continuation of seed monies from NDEP is essential. If Coordinator positions can be established in the remaining 34 BOCES, in the 32 New York City School Districts, and in the 5 large city districts upstate, 222,750 teachers and over 4 million students will receive instruction, assistance and services in health and drug education.

I hope you will find this information helpful at the May 21 hearing. We sincerely hope the National Drug Education Program funds will not be terminated at this critical time. The BOCES Coordinator network is essential to assure continuing, self-propelling programs in all of our schools.

Sincerely,

JOHN S. SINACORE, *Director.*

STATE OF OHIO DEPARTMENT OF EDUCATION,
Columbus, Ohio, May 14, 1973.

Dr. CARL J. NICKERSON,
Washington Department of Education,
Olympia, Wash.

DEAR CARL: In response to Carl Knutson's request, you will find enclosed the following:

A Brief Narrative of the Progress Made in the Drug Education Program of Ohio.

The Ohio Program in Drug, Alcohol, Tobacco Education.

I hope these will help you in your testimony at the hearing in Washington, D.C., May 21 and 23 regarding the extension of the Drug Education Act of 1970.

We feel that we have developed a very good, statewide program in the State of Ohio in drug education grades K–12. We have several pilot study centers functioning in Ohio and all of the feedback has been very positive.

The evaluations and responses to our regional and local workshops is so positive that our staff is committed to the causal behavior approach as the best method to be used in a preventive drug education program.

I concur with the recommendations you enclosed in your letter of April 30, 1973. If any additional recommendations or ideas cross my mind, I will write directly to Congressman Meeds as you requested in your letter.

Carl, thanks for carrying the ball on this important issue and rest assured that if I can be of any additional help, do not hesitate to contact me.

Sincerely,

ROBERT L. HOLLAND,
Chief, Drug/Heath Education.

Enclosure.

A BRIEF NARRATIVE OF THE PROGRESS MADE IN THE DRUG EDUCATION PROGRAM OF OHIO

In 1968, the Ohio Department of Education contracted with two local school systems and an independent Educational Research Council to develop material in preventive drug education that would incorporate an effective approach to drug education and a realistic means of instruction. In 1970, with the acquisition of federal funds through the U.S. Office of Education, the Department was able to create a Section within its Department to work specifically in the area of drug education, provide a means of disseminating the Title III developed materials and to assist schools in proper implementation. Without the federal grant, there would have been no centrally located focus for an overall dissemination or implementation program. Realistically, this would have meant fully developed materials confined to a shelf someplace.

The two full years after its inception, the Drug Education Section of the Ohio Department of Education was fully funded by the monies made available through the U.S. Office of Education. This Section's primary focus during this time was to make the Ohio schools aware of a comprehensive program that was available to them and of the service agencies that have been developed to assist them in developing the raining and planning necessary to create an on-going and effective program in drug education. To this end, the Section was able to provide extensive training through a series of statewide regional workshops focusing on one specific academic level per year. In the first year of the Section's existence, the emphasis was placed at the junior high level through series of 12 two-day meetings, reaching some 500 teachers, statewide. The second year of this facet of the section's services focused on the senior high level through a similar series of two-day statewide meetings, reaching approximately 480 teachers and supervisors. During the current year, the emphasis has been placed on the elementary level and due to increased awareness of the Section's services and an increasing awareness of the need for early preventive education, more extensive statewide meetings were conducted reaching approximately 800 teachers and supervisors at the elementary level. These regional workshops have created, in effect, a total of some 1600 intensively and highly prepared teachers and supervisors in all 88 counties of Ohio, serving approximately 98% of all the school districts in Ohio.

As a result of the dissemination of the curricular materials in the State and the preparation of key personnel by means of regional workshops, the Section has provided approximately 600 local presentations and training workshops, reaching approximately 32,000 teachers, administrators and school-related personnel. Combining the regional and local workshops during the three-year period of the federal grant and using a formula of approximately 30 students per teacher, the Section has had a potential effect on the learning process of 144,000 students in the Ohio schools.

Concurrent with the dissemination of the curricular materials, the training of teachers in their use of using the materials, the Section has been able to provide supplementary audio-visual materials to assist school systems in providing a comprehensive program in drug education. Beginning with a small number of films in the first year, disseminated from the central office of the Drug Education Section, we have progressed to the creation of nine regional media centers throughout the State, providing some 260 prints of drug education films and filmstrips.

In addition to the services provided to the school systems in the State in the areas of training and implementation and providing supplementary audiovisual materials, the Section has continually responded to requests from not only school personnel and students, but the general public, at large, by providing informative literature in the area of drug education and drug abuse.

A significant piece of legislation, passed by the Ohio legislature during the 1971–72 biennium, has lent tremendous impetus to the preventive drug education thrust that was initiated in the Department of Education due to the federal grant issued by the U.S. Office of Education. For the first time, moneys were assigned specifically for *educational* purposes in the area of drug abuse education and a specific line item provided $350,000 per year to the Department of Education. The significance would be that without the prior creation of a specific Section within the Department of Education to oversee programs in the area of preventive drug education, there would have been no identifiable focus for which these moneys could have been administrated. It would be fair to say that without initial federal funding, it is very possible that no state funding in the education area would ever have taken place. These state funds have enabled the Drug Education Section to primarily increase staff and continue the development of supplementary materials in the area of drug education. Specifically, these funds are being used to support four continuing evaluation sites for the evaluation of the materials and the most effective means of implementing the use of these materials in a K–12 program in Ohio's schools. The state funds have also made it possible to revise the existing junior high and senior high materials and to initiate the development of supplementary materials in the area of urban education and special education recognizing the specialized focus, realizing that a general document might, perhaps, not fulfill a specific population in a satisfying matter. The revision, development and evaluation of materials and effective process by which materials are used is an expensive, long-term operation. Without a continuing source that the state funds now supply, these important long-range goals would never have evolved.

If, as it is hoped, the federal funded program is extended, the State of Ohio would use the expenditure of these federal funds in several key identifiable facets. Federal funds would be in the creation of university training centers, which would provide the advantage of a permanent site for the in-service education of teachers; and, also, begin to reach the key area of pre-service education in the field of preventive drug education. These extended funds would also be used to continue local and regional workshops on a more intense basis. And finally, the extended funds would provide for further development of the regional audio visual centers and the dissemination of informational literature to the general public.

It is important to note the significant implications of the loss of funds provided by the federal grant issued by the U.S. Office of Education. Without continuation of these funds it would be necessary to severely curtail the training workshop activities and also a curtailment in the area of contractual consultative services would be a must.

Most of these funds would eliminate the creation of any university training centers and eliminate any possibility of increasing the present staff of the Drug Education Section. There would also have to be a curtailment in the development of the regional media centers and the amount of educational literature that is now provided free of charge upon request.

THE OHIO PROGRAM IN DRUG-ALCOHOL-TOBACCO EDUCATION—KINDERGARTEN THROUGH SENIOR HIGH SCHOOL

(By Ralph H. Ojemann, Eddie Myers, Lester V. Smith, Richard Morrell, and Beverly Cinovec Educational Research Council of America)

The Ohio Program in Drug Education recognizes that taking drugs is a form of behavior. It is people who take the drugs. Drugs do not enter the human body without action by someone. This is true of the misuse as well as the "helpful" uses of drugs. It follows that an important part of an effective program in drug education will have to deal with people's behavior—why people abuse drugs and how abuse behavior can be prevented or changed if it has started.

There is plenty of evidence that the question of why people abuse drugs is not a simple question. Some people seem to think that when a person takes a dangerous drug he does so because he does not know the danger. They assume that teaching him about the dangerous effects of the drug will cause him to change his behavior.

There is good evidence, however, that the problem is not as simple as this assumption implies. Teaching the effects of drugs by itself may actually do very little to change the behavior. Many of the effects of drinking and driving are well known. Yet, more than half of the highway accidents to this day involve drunk drivers.

The problem goes much deeper than merely knowing the effects of drugs. It requires an understanding of behavior toward drugs. This behavior can be understood as follows:

Every young person is faced with such tasks as:

1. Achieving a measure of self-respect (being a person in one's own right, recognized as a significant person)
2. Achieving a feeling of belonging (being accepted or loved by persons considered significant to the individual)
3. Achieving a measure of emotional security (feeling that he has control over or protection from the things he thinks may hurt him)
4. Dealing with sex feelings
5. Dealing with the demands for activity and rest
6. Satisfying hunger for food

In working out these tasks the individual devises or adopts a method using whatever ideas, skills, attitudes or other resources he has available. He may have learned that there are some activities he can perform more skillfully than others. He may see someone using a method that looks good to him and he adopts it. He may learn of some methods through what he is told or what he reads. He gets his ideas from many sources. If he finds a given method helpful, he will tend to continue it. Since he is a young person, he will tend to give more emphasis to immediate effects and less to long-term consequences, unless his experiences have been broadened through effective teaching to help him become aware of the remote consequences.

In working out these tasks, the person may meet some barriers or anticipate some in the future. In Task number 1, for example, he may have difficulty in achieving the respect of his classmates or a peer group, or feeling that he "amounts to something." People may think of him as being less capable than he is. He may feel he is being pushed around. He may not "see the use" in what he is studying at school. School seems a waste of time. He may have trouble in doing respectable work in the classroom because of poor reading skills or inadequate foundations in arithmetic. He may have some serious worries, such as worries about being displaced by technology. He may not be respected at home. He may feel he will be rejected by his peer group if he doesn't "go along." The barrier may have many sources.

When a person meets a barrier which he cannot easily overcome, he feels blocked or frustrated. This is an unpleasant feeling and he tries to get rid of it. Again, he uses whatever ideas, skills and other resources he has available. Some of the ideas and attitudes as to what he might do he gets from reading. Some he gets through other experiences. He may see someone using a method that looks good to him and he adopts it. He gets his ideas and attitudes from many sources.

If he finds he cannot remove the barrier, doesn't understand it, or hasn't been taught how to meet such difficulties, he may try such methods as:

1. Creating a disturbance in the classroom
2. Yelling and hitting others
3. Turning to drugs, alcohol, chain-smoking
4. Turning to exploitation of sex
5. Stirring up a family conflict
6. Berating "the establishment"
7. "Going along" with the group regardless of his own personal values

If he finds that one method doesn't work, he will try another.

In addition to the blocking process which develops frustration, as outlined above, there is a second process which may cause difficulties for the developing young person. His environment may repeatedly provide examples of deleterious methods of satisfying needs. For example, he may observe frequent adult behaviors which imply that if a person feels badly, or simply wants to feel better, he should take a pill of some kind without considering the long-term effects or whether it is the most constructive method. His own parents or television may provide numerous reinforcements of this notion so that in time it becomes for the young person an attitude. He then has the difficult task of unlearning this uncritical approach and developing a more discriminative approach in meeting daily situations.

If the individual receives understanding guidance at home and at school in the process of working out these tasks, he will tend to develop constructive methods. A parent who is aware of feelings and understandings what a young person needs and/or a teacher who is sensitive to the young person's feelings and appreciates his needs can provide important help.

On the other hand, if the young person does not have a parent or teacher who is sensitive to his feelings and needs, he has to rely on his own resources. If he is forced to rely on his own resources, we would expect a high proportion of immature behavior. Many of the guidelines which help shape the methods the mature adult uses in deciding what to do, such as an awareness and consideration of the remote consequences of acts, are built up through experience, either direct or vicarious. The child does not have these guidelines available. He has mainly his experiences, which tend to be heavily loaded with the immediate or short-range effects.

The immediate effects may be very strong and thus seem very important to the child. Too often teachers and parents are not aware of these immediate effects. This is why it is a matter of both child and adult working together to find the constructive methods of living.

Thus, a program for preventing the development of "abuse" behavior and promoting the growth of constructive behavior requires that child and adult learn to understand the nature of the tasks life presents, the nature of frustrations, differences between constructive and nonconstructive methods of resolving frustrations, including differences in their remote as well as immediate consequences; and that child and adult acquire facility in the use of constructive and enjoyable methods for working out the daily tasks.

The Ohio Program in Drug Education begins in the primary grades. The pupil learns what is meant by keeping his physical, social, and personal surroundings in balance so that they will help him and other people to live and grow. He learns how his curiosity to explore the strange substances he finds can be used to upset that balance and injure him, such as putting a strange substance in his mouth that turns out to be a poison. He learns how his curiosity can be used in helpful ways to find out about the strange substances he encounters in his daily activities.

The pupil also learns about the nature and origin of some of the frustrations children of his age commonly meet and what he can do when he meets frustrations he cannot handle. Teachers are helped to become more aware of frustrations children at various age levels meet and their part in helping the children learn how to deal with such difficulties.

As the pupil moves through the elementary school and into the junior and senior high school, he expands his knowledge of both the long-term effects of various drugs and of alternative ways of meeting his personality demands of self-respect, personal worth, being loved, and similar feelings. Gradually, he recognizes that the demands drug abusers solve by turning to drugs can be met in other ways, each of which can be examined as to its probable short- and long-term effects. Since there are ways of resolving daily situations other than the misuse of drugs and each of these alternatives can be examined as to its effects, the student begins to ask himself the question, "What effects do I want?" He learns that to answer this question he has to clarify for himself what he wants to do with his life. He is assisted in examining the contributions of moral philosophies to help him formulate his answer to this basic question. As he clarifies the purpose he wishes his life to serve and as he learns to examine alternative ways of meeting the daily tasks, he becomes more capable of meeting the daily situations constructively.

Thus, the student is not blocked in his attempt to work out the basic daily tasks. Also, values are not imposed. He is helped to clarify for himself the purpose his life is to serve and how to find ways of working out the daily situations consistent with that life purpose.

STATE DEPARTMENT OF EDUCATION,
Oklahoma City, Okla., April 23, 1973.

Mr. CARL NICKERSON,
Drug Education Consultant,
State Office of Public Instruction,
Olympia, Wash.

DEAR CARL: I enjoyed our conversation of last week and I am most appreciative of the opportunity to help in this matter. I have included some data which explains our program in part. Please feel free to call on us if we can be of assistance in the future.

Funding

1970–71:	
Federal	$44, 287
State	50, 000
Oklahoma Crime Commission (LEAA)	14, 000
Total	108, 287

1971–72:	
Federal	25,700
State	
OCC	
Total	25,700
1972–73:	
Federal	25,700
State	
OCC	10,800
Total	36,500
1973–74:	
Federal	25,700
State	
OCC	
Total	25,700

The total amount of funds expended through our program since August of 1970 up to and including the 1973–74 school year would be $196,187.00. This includes $121,387.00 granted to us by the U.S. Office of Education, $50,000.00 in state appropriations in 1970 and $24,800.00 granted to us by the Oklahoma Crime Commission. This is the sum total of all money involved in our drug education project.

In regard to release time for teachers who have been involved in our training programs, we have conducted training sessions of varying lengths for approximately 22,305 educators from our state. This number includes not only teachers, but counselors, administrators, school nurses and interested citizens of the community. We have also included a large number of students in our in-depth training programs which lasts three days. In conducting our program over the last three years we have provided information and conducted numerous types of programs for a grand total of 49,881 people.

At the present time we have 13 mini-grant teams operating in the state of Oklahoma. We are presently waiting funding notice on 26 additional teams which have submitted proposals to the U.S. Office of Education. These projects are coordinated through the office of the Commissioner of Narcotics and Dangerous Drugs Control, an agency of the Attorney General. Since the inception of this office, which we work with very closely, a total of 23,064 people have taken part in community type drug abuse programs. This number includes 9,646 students from our public school systems.

Carl, I hope the above information will be of some benefit to you and those you are working with. I feel that it is extremely important that we continue to receive financial support from the federal level. It seems as though this is the incentive for many state and local agencies and individuals to continue their involvement. Since our entire staff is not salaried with federal funds, this does not necessarily help us continue our jobs. We will have a position regardless of federal funding. It is important, however, that we have operational monies in drug education. Without this, it would be difficult for us to involve local school people.

Please keep us informed and we will certainly be available to assist in any way possible.

Sincerely,

PATRICK H. MCGUIRE,
Director, Narcotics and Drug Education.

OREGON STATE DEPARTMENT OF EDUCATION,
Salem, Oreg., May 18, 1973.

DR. CARL NICKERSON,
Health Education Consultant,
Old Capitol Building,
Olympia, Wash.

DEAR CARL: The following information reports only a very minimum of accomplishments and dollars generated by the drug education monies we have received from the U.S. Office of Education.

I. ACCOMPLISHMENTS

a. We have established a health coordinator in each of Oregon's 339 school districts. They all have had the opportunity to attend a minimum of two one-day in-service programs.

b. Leadership has been provided which is helping Oregon school districts to develop and implement a total health program which includes a mental health approach to drug education.

c. The Oregon State Department of Education has sponsored two conferences for teaching personnel from teacher training institutions and community colleges. The conferences were for the purpose of improving teacher preparation through povided input and interchange of ideas. The last conference included personnel from Idaho, Nevada, Oregon, and Washington.

d. Two conferences have been held to standardize the efforts of all state agencies in the area of drug education.

e. A second position in health education at the Oregon State Department of Education has been established. The specialist will conduct workshops for elementary teachers and train doctoral students in health education who also will conduct workshops for elementary teachers with emphasis on a mental health approach to health education.

II. GENERATED MONIES

a. Teacher salaries	$48,000
b. Coordinator salaries	20,340
c. Intermediate education districts for purchase of materials	75,000
d. Salaries at State department of education	22,000
e. Office space	36,000
Total	201,340

III. FUTURE PLANS

a. Continue and expand present programs.

b. Provide workshops for educators from the mental health agencies and public health division. The workshop objective would be to establish a cooperative plan to educate the community, especially parents of preschoolers, as to the how and why of good total health.

Carl, I'm sure I could have increased this total report by 50 percent had I had the time to do so.

Cordially,

LEN TRITSCH,
Specialist, Health Education.

HIGHLIGHTS OF WISCONSIN'S DRUG EDUCATION PROJECT, 1970-73

1. Curriculum guidelines on alcohol and other drugs were completed and distributed to all Wisconsin school districts.

2. Workshops have been conducted in all but one of the 19 Cooperative Educational Service Agencies (CESA) during the three years.

3. Each year in four to six CESA's local school districts matched project funds to employ a full-time drug education consultant who provided direct services to schools.

4. A drug education training team has helped plan the state programs participated in team workshops, and conducted individual inservice for teachers and individual groups.

5. Special target groups reached include:

(a) Wisconsin School Board's Association.

(b) PTA, through state convention and community workshops. PTA represented on state team and purchased films to use in workshops.

(c) Black, Chicano, and Indian state team members are active in community projects.

(d) Youth have been involved in all workshops with school and community people.

6. Special projects.

(a) Film Evaluation Committee of 60 has reviewed new films and a "Wisconsin Film Guide" is being prepared.

(b) Materials fair brought together over 100 schools and organization people to learn how to evaluate and use materials.

(c) College conference brought together representatives of over half of Wisconsin's teacher preparation institutions to plan for pre-service and inservice education.

(d) Two Social Seminar sessions for trainers have been sponsored jointly with other state agencies. Follow-up sessions are planned by two universities for pre-service, and a third is sending a staff person for training.

7. Pre-training and follow-up workshops for mini-grant teams have been held.

8. State and local contributions.*

These include: Time of staff and training team members, office space and related expenses.

Estimated $11,280 per quarter	$45,120
Local school district contributions made to support half of the salary of three drug education specialists, 1972–73 school year	15,500
Estimated total per year	60,620

9. Extended project 1975–76—Plans will include:

(a) Support for local and CESA (regional) comprehensive health education (including alcohol and other drugs) coordinators, who will:
   (1) coordinate K—12 multi-disciplinary programs.
   (2) demonstrate teaching strategies.
   (3) provide leadership for curriculum development and implementation.
   (4) promote cooperative community-school involvement.
   (5) use community resources.

(b) Support for state-wide teacher, youth and community workshops.

(c) Extension of teacher preparation curricula in comprehensive health education, emphasizing problems of alcohol and other drugs as related to emotional health.

(d) Continued and expanded work with minority and youth groups.

(e) Four regional Materials Fairs will include school staff and community people on a multi-disciplinary basis, to learn how to select and use audio-visual resources.

APPENDIX II

SAMPLE CURRICULA, SENIOR HIGH SCHOOL

Fundamental learnings	Suggested activities
II. Reasons for the use and abuse of drugs: A. Curiosity. B. Social pressure (peer pressure). C. Desire to please. D. Fear of unpopularity. E. Escape from school, family, etc. F. Boredom. G. Rebellion against authority. H. Despair and frustration. I. To prove that they can control drugs. J. To relax. K. To fulfill a purposeless life. L. To shock the "establishment."	III. Reasons for the use and abuse of drugs (note to teachers: List student's reasons on board): A. Discussion questions: 1. What are some reasons that people use drugs? 2. Are any of these reasons short-range answers, long-range answers, or solutions to problems? 3. Is there a relationship between drug abuse and one's environment?
IV. Marijuana (Cannabis): A. Specifics: 1. Medical use—none in the United States (used in the Middle East). 2. Dependence—psychological not physical.	IV. Marijuana (Cannabis): A. Film—marijuana—available at the Audio Visual Center, Scofieldtown Rd., telephone exchange 594, reservations necessary.

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*Not estimated are local school district costs of released time for teachers to participate, other expenses of inservice, and printed and audiovisual resources, as well as actual student drug programs.

APPENDIX II—EXHIBIT B

CONCEPT: DRUGS

[Instructional objective: Before completing the intermediate grades, the student will evaluate, at a level of proficiency determined locally, the possible sociological, psychological, and physiological effects on the individual resulting from the use and/or misuse of various mood modifiying substances]

Teacher questions for program planning	Learning experiences	Evaluation experiences student and/or teacher	Student and teacher resources for data gathering
To what extent is the individual responsible to society? To himself?			
Why is the term "respect" important to the individual and to his relationship with society?			
What limitations does society place upon the individual?			
Understanding that the entire organism is affected, what systems of the body are most directly affected by the use and/or misuse of each mood modifier studied?			
What causes people to react differently to the same mood modifying substance?			
Why might an individual experience inconsistent effects from the use and/or misuse of mood modifying substances?			

Dr. NICKERSON. Thank you. My testimony today is in support of H.R. 4715 and related bills to extend the Drug Abuse Education Act of 1970—Public Law 91-527—and the related appropriations.

This presentation has been prepared with communication and help from educators in more than half of the States. Some State directors have provided supportive documentation, which is found in appendix I.

I believe there is also a key you should have indicating the code that the State will be found in. In the early part of my statement I believe I have documented (a) that the Federal Government has only addressed itself to drug education for 3 years and (b) less than 10 percent of the Federal drug budget has gone to education.

If we were to be able to subtract the dollars not going directly to elementary or secondary education, the percentage would be far less. I urge you to keep this in mind when so-called experts charge that education has failed, for I contend that education has not been given a chance.

I have also identified the things that my colleagues and I feel have been most beneficial as a result of these funds. First, there has been increased school-community teamwork, including the great student involvement.

Second, the fact that these funds were earmarked gave many of us an opportunity to move forward in an area that we had been greatly concerned about for many years. I should also like to mention that most States have been able to move on programs that deal with a broad spectrum of drug use and availability in society, including social, psychological as well as the physiological dimensions.

We have been able to devote much time to attitudes, decisionmaking and developing self-esteem in youth as well as imparting knowledge.

Third, the generation of additional funds, almost all the letters in appendix document that millions of dollars in kind and hard cash have been generated to the use of these dollars.

The use is varied. In some States such as Maryland, their entire program is dependent on Federal funds. In other States such as Utah and Washington, the majority of funds have flowed through to local districts.

I would like to very quickly quote to you a portion of a letter from Robert Leake, who is a supervisor in the State of Utah, found in exhibit G–3.

"Better than 99 percent of Utah's allocated Federal drug abuse education funds have been allocated and spent at the local district and school level. For 3 years running, the State board of education has provided a director of the program at State expense. Only travel to specific drug education meetings called and sponsored by the USOE have been used for the director.

"A sizable amount of district funds have gone to match Federal drug educational dollars. This has come in released time for teacher education and training, supplies, printed materials, et cetera.

"Only $3,000 of Federal drug abuse funds were used for the Utah 1972 statewide drug assessment. All computer time, screening clerical time, research consultant time, secretarial time, et cetera, has come from other State sources.

"In reality Utah has achieved tremendous mileage out of fewer dollars in this program than in most any project undertaken for decades."

There have also been some weaknesses in the administration of the act. First, there has been an obvious ignoring of some of the apparent congressional intent written into the act. I refer directly to section 3, articles b–1, b–2, b–3, and b–4, which relate specifically to the development, demonstration, and evaluation of curricula. Less than 1 year ago, in testimony before this committee, the USOE could document only 9,000 Federal dollars specifically spent on drug curriculum, and this was in fiscal year 1969.

I contend that without a national model—not a mandated national curriculum, but a model—we do not have a point from which we can readily measure the differences among the variety of curricula already developed or to be developed.

Along with the curriculum model, a model or models for curriculum implementation and utilization should also be developed. Once this is accomplished, other data can be gathered and analyzed in relation to the local curriculum and its relationship to the national mode.

I do not profess to be a researcher or an expert statistician. It just makes sense to me that if one is going to develop a program, he should start with a model he can define and with which he can identify and measure deviations from that model before other measurements can have much meaning.

As more programs are identified, clarified, and compared to the national model, we may indeed be able to see a number of meaningful comparisons from which we can begin to make logical inferences.

I do not believe this will require more staff at the Office of Education, for if properly approached and funded, State offices of education could do much of the work necessary to obtain information, once the national models are developed.

On this point I have two specific suggestions: (1) An adequate number of representatives from State offices of education be involved in each and every step of the planning process; and (2) The initial testing be done in one region of the country to develop a prototype, thus reducing the confusion, margin of error, and waste of launching a program nationwide prior to gaining experience on a smaller scale.

Next, there exists a lock of evidence of long-range planning. In June of 1971 a group of State directors met at San Francisco State College and, among other recommendations, encouraged the USOE to develop a long-range plan—2 to 4 years—to include what needed to be done, who should do it, when and how to tell when it was done.

We were anxious to assist in this task because we were seeking a unified approach and felt that planning and consistency at the Federal level, with appropriate input from the States, could aid all parties concerned to be more accountable.

I mention this simply to indicate that as a group, State directors are in a position to identify the needs and problems and can offer meaningful advice and counsel in relation to education programs.

The third major weakness is that the lack of planning has resulted in inconsistent programs and areas of focus. The "Help communities help themselves" program is an excellent illustration of this point.

For example, 17 teams from communities in Washington State will be attending a 2-week training program in California at a cost of $48,299, almost all of which will be spent in transportation and living expenses.

Although our office did have an opportunity to read the grant proposals, it was still possible for community groups to bypass State offices and apply directly to the USOE.

We, like many States, feel we have the expertise to do our own training, and could improve on the training program by being able to do considerable in-community preparation, training and followup.

Incidentally, the USOE grant to our State office is $31,300 compared to the $48,299 total awarded to 17 community groups. Those amounts, plus a proper proportion of the cost of operating a training center in California, would probably total over $125,000, all of which could be used to provide in-depth training and assistance to many more than the 100 or so Washingtonians who will travel to California this year.

In conclusion, I wish to reiterate my thankfulness and appreciation to the members of this committee for your outstanding efforts on behalf of the youth of our Nation. You have tried to provide for the facilitation and development of sound drug education model programs.

Much good has come from this effort, but much remains to be done. The following recommendations are closely related. Accepting one without the others would, in my judgment, seriously hamper opportunities for future progress.

One, although we appreciate the initiative and leadership of Congressmen Meeds and Peyser in introducing H.R. 4715, we are concerned that the amount of funding requested for section 3 projects will allow, at best, a continuation of programs at the present minimal funding levels.

If we are to make up the lost opportunities for the development, testing, and evaluation of national curricula models and program implementation and utilization models, and if we are to move quickly and boldly to carry out the congresional intent, we will need more funds.

I therefore suggest that this committee consider amending H.R. 1745—lines 5 through 8—as follows: From $15 million to $50 million for the fiscal year beginning July 1, 1973; from $20 million to $50 million for the fiscal year beginning July 1, 1974, and from $25 million to $50 million for the fiscal year beginning July 1, 1975.

Two, all funds from Public Law 91-527 shall be awarded through a State coordinating body, with a minimum of 50 percent earmarked for the office of the chief State school official for projects relating to the criteria in section 3.

Such action would greatly reduce the chances for overlapping and/or conflicting projects within a State and would increase communication and coordination of efforts. This would enable funds to be awarded to projects outside the formal school programs; that is, peer group programs, ethnic cultural centers, et cetera.

Three, chief State school officers or their designees shall have the opportunity to provide input on policy decisions and program guidelines concerning drug abuse prevention educational programs before decisions are made by the USOE.

This recommendation would help alleviate many of the problems revolving around the way funds were spent by the USOE in the past.

Four, finally by passing the original act, Congres has taken a forward look toward utilizing the potential of our Nation's school systems to serve a unique and valuable role in greatly reducing both the number of citizens who become afflicted and the severity with which others become afflicted by many of the social health problems.

I urge this committee to explore the possibility of creating legislation to strengthen the role of the school health educator, who as a generalist in the field of social health problems could organize programs around the health needs and interests of children and their parents, thus increasing the potential for strong and consistent leadership at the grossroots level.

Mr. BRADEMAS. Thank you very much, Dr. Nickerson. I want to congratulate you on what I think is, without question, some of the most carefully prepared and valuable testimony on this legislation our subcommittee has yet had—either in writing the original act or in considering the bill to extend it.

I am sure I need not stress that you must be proud, in your State of Washington, of the leadership that Mr. Meeds is giving to solving this national problem, even as he has indicated his respect for your contributions.

Let me refer to page 1 of your statement where you note the Macro Systems report which cites $26 million as the figure the Department of Health, Education, and Welfare is spending on drug abuse education. That is roughly twice the amount of money controlled by Dr. Nowlis in the Office of Drug Abuse Education.

Who is spending the rest of that money, and how is it being spent, or under what other legislative authorities might those funds be provided?

Dr. NICKERSON. I believe that the other major organization that is spending these kinds of moneys would be the National Institute of Mental Health.

Mr. BRADEMAS. Am I not correct in saying, and this is only from memory, that most of the moneys that may be expended by NIMH, in this general area, are not expended for the kinds of programs intended to be provided under the Drug Abuse Education Act? Are they not more informational in nature and channeled through agencies other than the school systems?

Dr. NICKERSON. There is some duplication, however, in that to the best of my understanding they do fund a considerable number of community-based projects. Section 4 of Public Law 91–527 also makes it possible for the officials of education to fund community-based projects.

Mr. BRADEMAS. I suppose what we ought to do is get those NIMH people in here to tell us what they are doing, or perhaps you could help us get a copy of that Macro Systems report which may spell out just how these funds are being spent?

Dr. Nickerson, you also say on the top of page 2 that less than 10 percent of the Federal drug budget is spent on education. Do you have any ballpark judgment on what would be an appropriate amount of money in real or percentage terms?

Dr. NICKERSON. In my recommendation I suggested that for the next 3 fiscal years $50 million be devoted just to projects contained in section 3. I will be very honest with you. I don't know what a million dollars is.

In fact, I had to write it out in my testimony because I kept saying thousand. So, I am not sure, but I know that money buys time. Money buys brainpower and a lot of resources. I believe that given $50 million as a beginning, given the opportunity to operate with some of the restraints removed, if we had that opportunity, I would be in a better position and if I were privy to what happened with it, I would be in a better position to make a recommendation.

Mr. BRADEMAS. I am struck in your testimony by your observation that earmarking of funds was essential to getting off the ground on a program of this kind. Of course, the administration is, at least in my judgment, locked in with a narrow, categorical ideological view that any earmarking of funds represents some unwarranted narrow, categorical approach to the problem which, almost by administration definition, is doomed to failure.

I have not understood the metaphysics of that particular attitude other than that they really prefer to invest rhetoric rather than funds in solving these problems. But I take it you are endorsing the continued effort to earmark some money for this program.

Dr. NICKERSON. That is part of my recommendation, but along with that I have also tried to carefully indicate that people at the State level should have input before policies and guidelines are drawn up at the national level.

This, I believe, has been one of the big problems. For some reason that I am not privy to, guidelines have been developed and then imposed upon the States. Most of us have goals, but we have to modify our goals to get the Federal funds according to the guidelines developed by someone who has not asked us for opinion rather than be able to get the dollars to meet our needs.

Mr. BRADEMAS. I understand your point. As a matter of fact, if it is any consolation you should know that those who administer this program have, as you well point out, willfully ignored the intent of Congress in writing the legislation.

They have not done what we told them to do with respect to encouraging the development of curriculums in the drug abuse field. They simply blithely ignore the statutory mandate in this respect.

The other question to which I refer, Dr. Nickerson, the final one, is with respect to the lack of mention in your statement of the Special Action Office for Drug Abuse Prevention. I might here be asking you a question about which you may not have great familiarity, but the evidence made available to our subcommittee indicates that the administration will come in and testify next week to tell us that we don't really need a Drug Abuse Education Act.

We know the administration opposes this legislation in the first instance because the Special Action Office can take care of the whole problem. Could I ask you first if you are familiar with the programs of the Special Action Office, and second, what comments you may have on that line of reasoning.

Dr. NICKERSON. I am somewhat familiar with it. A number of those of us in education knew there would be difficult times ahead when we had an opportunity to review the Executive order which helped create the Special Action Office on Drug Abuse in the White House.

I cannot quote verbatim, but paraphrasing some parts of that, I believe that the President's language was something to the effect that programs, educational programs would be evaluated on the merits of the number of young people that they would prevent from entering into the hell of drug abuse or those they bring back, which signalled to us that we were almost being given an impossible task to document that kind of evidence, particularly with such short notice.

I think the original director of that agency is a person who has gained great fame and repute in the area of treatment and rehabilitation, not in education. I think this may have something to do with it.

There are other people who have been crying out at some length that education has failed and was not doing a job. This did not surprise us at all, but I think I have at least begun to document in this testimony the fact that we believe education has not been given a chance.

I might cite one thing I think is somewhat positive that has happened because of the Special Action Office, that each State is supposed to come up with a State plan to coordinate agencies within their State.

In the State of Washington this is working very nicely. The agencies have been given an excellent opportunity for input. What we are finding in our State is that education is having a say, education is getting the input into that plan.

However, this is not the case according to many of my colleagues in other States. It seems, though, the organization is happening at the wrong end and that rather than more decisions being made by the people, it seems that more decisions in this program anyway are being made in Washington, D.C. and in fact the White House, if that is where the Special Action Office is still located.

Mr. **Brademas.** You may have put your finger on the heart of the problem. We have had too much special action emanating from the White House, but not of the appropriate kind recently.

I want to thank you again for your splendid testimony.

Mr. **Meeds.** Thank you. I, too, want to commend you considerably on some very precise and decisive testimony, which I am sure will be helpful to this committee.

I would like to begin by asking you about what one of the most discouraging things I have heard thus far coming from the U.S. Office of Education, experts and other people, including some educators.

This is the line to the effect that drug abuse education does more harm than good because all it does is teach young people about what drugs they can take instead of how to prevent them from taking drugs. How do you handle that question?

Dr. **Nickerson.** I have heard those same criticisms. My feeling is that most of the people making those kinds of criticisms are far removed from the classroom, let alone the school system.

I think everyone wants to do good things for kids. I think they may be well meaning, but they are overlooking an entire system that includes educators, classroom teachers, nurses, counselors, and administrators, all of which I believe must be considered if we are to make things better for kids.

This, I think, has been one of the major weaknesses and one of the things that has allowed people to be very critical of education in that they are not looking at the system. They are just jumping in and wanting to do things for kids.

My belief is that before we can really do things and make things better for kids in relation to drug education and many of the other social problems, we have to concentrate a great deal of time, energy, effort, and money on the system.

The system can work; it has worked in many other areas, but we are asking people now, we are asking educators, we are asking administrators, nurses, and so forth, to deal with some things they are not familiar with, to change some of the things they are doing to make it better for kids.

You see, it makes in my estimation, and I have done this, it takes between 30 and 45 hours of a carefully planned program of involvement to change the way teachers view the drug problem and to give them some skills to do things differently in their classrooms.

It is not just 3 or 4 days running. We have found that the most satisfactory way is to spread this over a period of time so they may test out some things.

Mr. **Meeds.** You feel it is almost asinine to assume that teachers with 3 or 4 days training are going to be able to walk in and teach drug abuse education and really educate?

Dr. **Nickerson.** Yes, I do. However, I do think it is possible in that period of time to make them much more sensitive and aware of how complex the problem really is.

Mr. **Meeds.** What do you think of this multiplier effect program that they had going where, say, 10 teachers would go and receive 10 or 20 hours of instruction and then come back and teach 10 more who in turn would teach 10 more and so on?

Dr. **Nickerson.** My colleagues and I are very relieved that the Office of Education is no longer promoting the multiplier program that they did in 1969. It did have some positive effects in that it got school people, community people and students together at the local levels, but in terms of imparting the knowledge, we were greatly concerned that at the lowest level of the multiplier things were distorted.

We have an exercise we use in our training programs whereby five people will leave the room and they read a story. They relay the story to the next person. By the time the fifth person tells the story, it has been completely distorted or is only two lines long, which indicates the fallacies of the multiplier effect.

Mr. **Meeds.** You indicated in your testimony that quite a few State dollars have been generated by this very insubstantial funding at the Federal level. Do you have any idea, taking our own State, for instance, how many State dollars are generated by the $41,000 or $36,000 that you get?

Dr. **Nickerson.** Over the past 3 years we have received, of course, from this act a little less than $100,000. My estimate would be that we have tripled and maybe go as high as multiplying that amount by six times, considering in kind as well as hard dollars. It has been terrific.

Mr. **Meeds.** That is just at the State Department level?

Dr. **Nickerson.** Programs the State Department has sponsored using this money or allowed to flow through?

Mr. **Meeds.** Is there any indication what local level school boards and educators have done in terms of financing?

Dr. **Nickerson.** I don't have a good answer for that. Much of that might be included in that teachers have been released and, of course, local districts have had to pick up substitute salaries, and buildings have been used locally. State programs function locally.

Mr. **Meeds.** You developed a statewide drug abuse curriculum, didn't you?

Dr. **Nickerson.** Yes.

Mr. **Meeds.** How long did it take to develop?

Dr. **Nickerson.** We had the curriculum developed, field tested and a guideline for implementing the program within the space of 3 months, but that was very intensive effort.

Mr. **Meeds.** You say field tested. What do you do there?

Dr. **Nickerson.** By field testing it, we subjected it to teachers throughout the State in summer school programs having them evaluate each part of the program as we developed it. They made their evaluations, returned it to [illegible] and we made modifications.

Mr. **Meeds.** It is my understanding that the President has suggested in his 1974 budget $3 million for drug abuse education.

In view of what you and I both consider to be unsubstantial amounts now allocated for drug abuse education, this is an even further downgrading, is it not?

Dr. **Nickerson.** That is right.

Mr. **Meeds**. Have you had much contact with the Office of Education, Drug Abuse Education Section?

Dr. **Nickerson**. I have not had much contact in the last year. We have had another staff person, who has been handling this responsibility up until the middle of April who I would say had, in my estimation, probably once a month contact with the Office of Education.

Mr. **Meeds**. Did you have any difficulty communicating with them at all?

Dr. **Nickerson**. Sometimes it is difficult to reach them. You know they are traveling and these kinds of things. My relationship with them, I feel, has been very satisfying from my standpoint in terms of the staff as human beings and individuals who, I believe, would like to do some good.

Mr. **Meeds**. What I am getting at here now, if we already feel that education in the field of drug abuse has been overlooked as a potential solution to the problem and if we feel that one of the reasons for that is failure to spend the money and to give the visibility to drug abuse education that would generate that kind of attention, and if we now find that the drug abuse education function is to be cut by more than two-thirds in funding and buried somewhere in the White House—and I use that word advisedly—it is a pretty clear indication, is it not, that this administration has downgraded the whole concept of education as an answer to the drug abuse problem?

Dr. **Nickerson**. I don't know how else to view it if that is in reality what is happening. I don't have that information. Yes, I would make that judgment.

Mr. **Meeds**. It almost looks like their own rhetoric about education really furnishing no solution. Indeed, education as a problem is now their predominant thinking over there.

Dr. **Nickerson**. Congressman, you know, I am not involved on that level and I have had no input to that level, so I can't really make that kind of a statement. I just have had the feeling for some time, and I think that we have begun to document it here, and if in fact these kinds of changes are being considered in Washington, D.C., this adds further documentation to my contention that education has not been given an opportunity.

I don't mind taking the flack, and I don't mind taking some criticism, but I want a chance. I think I speak for all the educators who I have contacted in putting this together in that we do not feel we have in fact been given that kind of an opportunity.

Not only do we need more money, we need input to policy decisions and guidelines before they hit us.

Mr. **Meeds**. Very well. Thank you very much, Mr. Nickerson.

The gentleman from Florida?

Mr. **Lehman**. I enjoyed your testimony. I am particularly interested in getting your reaction on the letter you received from Mr. Morelli from the State of Florida. I just wanted to get an idea of how you think, from this letter, that we are doing in our State, in comparison to some of the other letters you had gotten?

Dr. **Nickerson**. That is very difficult for me to respond to. I have never been to Florida.

Mr. **Lehman**. Just from the facts in the letter, I didn't know whether you were in a position to make a comparison or evaluation as to this letter as to how you are doing in Washington.

For instance, in the dollars you are spending—we have 8 or 9 million people in Florida, and how many do you have in Washington?

Mr. MEEDS. 3½ million.

Mr. LEHMAN. We should be spending at least twice as much as you are spending. Do you have a copy of that letter?

Dr. NICKERSON. Yes.

Mr. LEHMAN. I just wonder how they compare with some of the figures you are spending in some of the programs we are doing or some of the programs that you are doing. We are going to be holding hearings in Florida before June is out, and I thought we should try to find out where we are falling down or looking at problems. I guess it might be difficult to say.

Dr. NICKERSON. It would. I think if you would like to make that comparison, you cannot only make it here with Washington but also with the other 51 States included. I do know Mr. Morelli personally.

We have had a number of discussions together, and it is my professional opinion that at least the State department program is in excellent hands. I think the fact that he can provide this kind of documentation for you is something that you will find that many of the community projects perhaps would have difficulty in doing.

Mr. LEHMAN. Obviously. Federal funds to the State are going down from $82,000 in 1970 to $48,000 in the present fiscal year.

Dr. NICKERSON. That is right. I would hope that you would also consider comparing what is being done in the State of Florida with these dollars that go to your State department, and the other kinds of drug abuse education prevention dollars that are going to other State agencies. I think that would also be good information.

Mr. LEHMAN. Have you ever written to other people? You wrote to some other State people, but have you ever written to foreign countries to see how they were doing with their programs?

Dr. NICKERSON. No, sir. We get a number of letters from foreign countries to see what we are doing.

Mr. LEHMAN. Everyone is in the same boat, I guess.

Dr. NICKERSON. We have identified some needs. The needs we have seen are trying to bring about changes in our educational system.

Mr. LEHMAN. As well as our society.

Dr. NICKERSON. But we believe that since every community has a school, the school can serve as a focal point for bringing that community together.

Mr. LEHMAN. When I was down in the district last week, I went to a meeting at the North Miami Beach Senior High School. One of the questions they asked me was: "Do you believe they should put agents in the school to entrap kids with drugs?"; in other words, pretending to be students, young police officers dressed as students.

Dr. NICKERSON. My professional judgment is, and I have spoken to this point, that undercover narcotics agents should not be employed in the school system. I believe that law enforcement has a role to play. I would like to see law officers, if they are needed, in the school be in the school and clearly identified.

I think this would be a great thing to improve their image with kids. I think also kids should be well versed on what they can expect these law officers to do and what kind of relationships they can enter into with these people.

I think the whole idea of undercover narcotic agents in the schools takes the onus of responsibility from the student for keeping drugs out of their schools and says to them to don't worry about being responsible, we will take care of it by undercover narcotic agents.

I think this damages the image of law enforcement, and I think it also hurts kids because I believe the only effective way we are going to keep drugs off campuses is when we can give kids the support they need to do that kind of job themselves. It is not simple. It is very difficult to do.

Mr. **Lehman.** That same school had had a bust with 23 kids arrested with the use of undercover agents.

Dr. **Nickerson.** We have had it happen in our State.

Mr. **Lehman.** Dade County has a security force, and they seem to be interested in trying to uncover drugs in the schools, but that is a little different from drug education.

Dr. **Nickerson.** I believe it is. I believe it is a kind of miseducation.

Mr. **Lehman.** It is a kind that it seems the community is more interested in than any other kind. That is the problem, but I don't want to get into philosophy. Thank you very much.

Mr. **Meeds** [presiding]. Thank you very much, Carl. We appreciate your coming here. This evidence and testimony will be very valuable to us in talking next week with the Office of Education when we meet.

Dr. **Nickerson.** Thank you.

Mr. **Meeds.** The committee is adjourned until Monday morning at 9:45.

[Whereupon, at 10:27, the subcommittee adjourned, to reconvene 9:45 a.m., Monday, June 4, 1973.]

TO EXTEND THE DRUG ABUSE EDUCATION ACT

MONDAY, JUNE 4, 1973

House of Representatives,
Select Subcommittee on Education of the
Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to recess, in room 2261, Rayburn House Office Building, Hon. John Brademas [chairman] presiding.

Present: Representatives Brademas, Lehman, Meeds, and Landgrebe.

Staff present: Jack Duncan, counsel; Christina Orth, assistant to counsel; and Martin LaVor, minority legislation associate.

Mr. Brademas. The Select Subcommittee on Education of the Committee on Education and Labor will come to order for the purpose of further hearings on H.R. 4715 and related bills, to extend the Drug Abuse Education Act for 3 years.

Today is the third and final hearing scheduled in Washington on these measures, and the Chair should observe that already we have heard from citizens and educators concerned with the problems of drug abuse, about the importance of extending the Drug Abuse Education Act.

The Chair might also here observe that on Monday next, June 11, we shall be conducting hearings on this legislation in Miami, Fla., in the Dade County Courthouse.

This morning we will hear from, among others, administration witnesses, who will tell us their opinions with respect to extending the Drug Abuse Education Act.

The Chair should at this point observe that he has seen few measures move through the Congress with such overwhelming bipartisan support as that enjoyed by the act we are considering here today.

The Drug Abuse Education Act was approved in the House of Representatives in October 1969 by a vote of 294 to 0. And in November 1970, it was approved in the Senate by a vote of 79 to 0.

I ought in all candor to point out here that the Nixon administration opposed enactment of this legislation.

In approving this act, the Congress recognized that if we were to solve a problem as complex and difficult as the abuse of dangerous drugs, we needed a variety of measures including a citizenry informed about the dangers of drug abuse.

In approving this legislation, we also indicated our agreement with President Nixon who, in December 1969, at the Governors' Conference on Narcotics and Drugs, said that drug abuse had become "a national problem requiring a nationwide campaign of education."

And in March 1970, the President again returned to this theme when he said:

> There is no priority higher in this administration than to see that children—and the public—learn the facts about drugs in the right way and for the right purpose through education.

And yet the Chair is constrained to point out that the President has not matched these words with action. For his adminstration, which opposed enactment of this measure originally, has done little to get the drug abuse education program successfully started or to give it honest support.

Indeed, we now find that the administration proposes to cut the budget of the Office of Drug Abuse Education from $12.4 million in fiscal 1973 to $3 million in fiscal 1974.

Obviously, members of this subcommittee will look forward with keen anticipation to hear what the administration witnesses have to say with respect to this legislation.

Before calling on our first witness this morning, the Chair would be pleased to yield to the principal sponsor of this legislation, the gentleman from Washington, Mr. Meeds, for any comment he may wish to make at this time.

Mr. **Meeds**. I would just like to commend the chairman on his statement and reiterate my belief in its validity and indicate to the witnesses that this committee is going to be pretty tough in seeking answers on how the program has been administered and why indeed the administration again is opposing the proposal.

Mr. **Brademas**. The Chair might offer a little homily at this point. I understand there is at times awkwardness in respect to how to approach congressional committees as they conduct hearings. In view of recent events, the Chair would suggest the best thing to do is just tell the truth.

Our first witness this morning is our distinguished colleague from Florida, who has, as chairman of the Select Crime Committee, carefully investigated the problems of drugs in our Nation's schools. We are very pleased to call our distinguished colleagues, the Honorable Claude Pepper of Florida, to the witness table.

STATEMENT OF HON. CLAUDE PEPPER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. **Pepper**. Thank you, Mr. Chairman and members of the committee.

I have a prepared statement, Mr. Chairman, which I would ask that you be kind enough to insert in the record, and then I would rather summarize what I would like to say about this matter.

Mr. **Brademas**. That will be fine, Mr. Pepper.

[Congressman Pepper's prepared statement follows:]

Statement of Hon. Claude Pepper, Chairman of The Select Committee on Crime

The American people have been losing the war against drug abuse for more than a decade. We have been losing the war because we fail to perceive the scope or the intensity of the problem. There is cause for worry, because the use of drugs is widespread and growing, beyond our worst fears. The National Commission on Marihuana and Drug Abuse has reported that in 1971 24 million young people had tried pot at least once; a Stanford study indicated that 15 to 20 percent of college students had experimented with LSD. Heroin figures are more elusive, but deaths by overdose in the New York City area tripled in a decade.

The Federal Bureau of Investigation reported in 1971 that the narcotic arrests of youngsters under the age of nineteen has skyrocketed 765 percent in the last five years.

In the past three years, more than 432,000 teenagers have been arrested for crimes involving drugs. In that period, drug arrests of young people have spiraled from 109,000 to 173,000 a year. Each state in the nation, with the exception of California, has had a substantial rise in teenage drug arrests over the last three years.

Members of the Crime Committee received increasingly numerous complaints that children in the schools of their districts were becoming involved with drugs. So, in June of 1972, the Crime Committee launched a nation-wide investigation to determine the extent to which drugs are being bought, sold and used by children in our nation's schools.

Our investigations took us to six metropolitan areas located throughout the country: New York City, Miami, Chicago, San Francisco, Kansas City and Los Angeles. During our inquiry we interviewed more than two thousand persons. The testimony of the more than two hundred witnesses who were selected to testify before the Committee and the various exhibits, cover more than ten thousand printed pages of transcript.

From the school systems we heard from Presidents of School Boards, Superintendents of Schools, principals, teachers, counselors, nurses, PTA officials and students. From the criminal justice system we heard judges, prosecutors, defense counsel, probation officials, police officers and undercover policemen and women. From the scientific and medical professions, we heard testimony of medical examiners, doctors, professors and other experts who have specialized knowledge of drug abuse treatment and rehabilitative methods. And we heard from parents, who spelled the word, "Drugs," with a capital D, and who described the debilitating effects of drugs on their children.

"I thought I was the top expert on drugs in Miami, then I found out my own 15-year-old daughter was hooked on cocaine," former U.S. Commissioner Edward Swan told the Crime Committee. Another father, vice president of a university, told how his 19-year-old daughter was rehabilitated after three years as a heroin addict. And a postal worker's wife told us how her 18-year-old son, a heroin addict, locked himself in a room and strangled his five-year-old sister while the mother pounded helplessly on the door. Now the son is in a mental hospital.

The Crime Committee Members were repeatedly shocked by the revelations about extensive drug use in our nation's schools. We had anticipated that the well-publicized drug epidemic which had caused such devastation in New York's schools was an isolated experience caused by factors peculiar to that city.

Prior to our inquiry, the general feeling among many people was that drug abuse was restricted to "ghetto kids." Nothing could be further from the truth. Graphic testimony, corroborated by films shown to the Committee, depicted the sale and use of hard drugs in suburban and inner-city schools, not in hidden building recesses but in proximity of school personnel. This unchecked drug trafficking has had grave ramifications—children coming to school with lunch money in their shoes to avoid a shakedown by a student addict, children chronically absent because they are too addicted to attend school, and most crucial, as with any contagious disease, student addicts spreading drug use to others.

Sales of all sorts of drugs regularly and persistently take place in the cafeterias, hallways, wash rooms, playgrounds and parking lots of our schools. The ease with which students can purchase drugs in high school is truly astounding. With little or no effort a teenager can obtain amphetamines, barbiturates, LSD and marihuana. With some additional effort cocaine and heroin are generally available in most schools.

A number of incidents demonstrate the easy availability of these drugs. In Chicago, the Committee obtained the cooperation of a 17-year-old girl who was able to go to her suburban school and make numerous purchases of narcotics. In just two days—during our Committee hearings in that city—she spent one hundred dollars on heroin, barbiturates, amphetamines, LSD and marihuana.

Sales of drugs are so prevalent in New York City schools that a television crew had no difficulty filming a number of heroin sales right on school property. In suburban Miami drugs are so accessible in the high schools that the students refer to one school as "the Drug Store" and another as the "Pharmacy."

In San Francisco, a young Mexican American high school student told the Committee that he went to school only when he needed drugs. If he could not find them in his immediate neighborhood he would always be successful in obtaining drugs at school.

A handsome, red-haired Palo Alto youngster testified that he often sold as much as $400 worth of cocaine a day on his high school campus. Keeping his hair short to avoid police surveillance, he told the Committee he could easily have sold $1,000 worth of drugs a day, but he preferred to sell only to those students he knew. In Los Angeles, a youngster advised us that he had sold more than one hundred dollars worth of reds (barbiturates) at lunch time in his school—reds sold for four tablets for a dollar.

More and more American families are being touched by deadly drug abuse. In the Crime Committee's investigation we have found teenage addicts whose fathers are judges, doctors, professors, bankers, police officials and from every other line of work imaginable. All races, all religions, all economic segments of our society have been bitterly affected.

In the course of our investigation we found that our national drug education program is a disaster. In our view, the program is so bad that it can be said to be causing drug abuse rather than reducing it. It is not so much that the program has been tried and failed, it is more appropriately described as being nonexistent. Instead of an intensive, innovative and comprehensive effort to curb drug abuse, we have a sporadic, confused and disorganized attempt to give a meager amount of guidance to our school children.

Therefore, I can readily understand the recent recommendation of the National Commission on Marihuana and Drug Abuse to "seriously consider declaring a moratorium on all drug education programs in the schools, at least until programs already in operation have been evaluated and a coherent approach with realistic objectives has been developed." I also can readily agree with the Commission that "programs oriented solely toward drugs are unlikely to serve us well."

The type of drug abuse therapy programs I believe should be implemented would involve counseling, group therapy, peer pressure groups and parental involvement in training and seminar programs. The programs to be financed would authorize inservice training of teachers, administrators, counselors, and parents.

My goal is to place heavy emphasis on utilizing school resources through which community resources could be channeled in providing therapy to users and ex-users. In this connection, as a part of the application for assistance, a local educational agency would be authorized to contract with other locally based institutions and agencies for social services, professional assistance, and other agencies' assistance having expertise in the field of drug rehabilitation and control. However, again the emphasis on program activities is its school-oriented base.

Why do I stress the school involvement? A great deal of our children's time is spent in the school system, learning. That is their work while growing to adulthood. We can never dismiss the role of the home life, and the espousement of the traditional values of God, family and country. The values and standards that will help youngsters the first time they are offered a marihuana cigarette can only come from home. Before they can cope with the illegal drugs that parents fear, our children must be helped to formulate a rational, sensible approach to all drugs. And before that can happen, youngsters must be helped by parents, at home, to develop a different set of values, one that places inner strengths first and reliance on chemicals last.

It's true that schools should be primarily places of education, and not instruments of social reform, or drug prevention agencies, but the school systems in our country cannot stick their heads in the sand, like the traditional ostrich, in the face of a nation-wide drug abuse epidemic. School administrators have complained that they had no money to hire drug counselors or even to train the teachers they presently had. Teachers have testified before the Crime Committee that they were totally unprepared to teach intelligently about drugs because of their lack of knowledge and preparation.

The major cause of this disastrous situation is under-financing. Little or no money is appropriated in school budgets for drug abuse education or counseling programs. In the major school districts of the country the entire drug education effort has been assigned to a single individual who works only part time on that project. The entire financial support for drug education expenditures in their schools is often less than five cents a child for a school year.

Repeatedly, throughout the Crime Committee hearings, we were advised that school nurses, counselors and teachers had to be terminated because of insufficient funds. Practically all witnesses—mayors, legislators, school administrators, teachers—felt that only the Federal government could alleviate the present financial crisis. Only the Federal government had the resources to fund a comprehensive attack on drugs in our schools. A projected expenditure of one billion dollars a year for such a program would only provide less than $10 a term or $20 a year for each youngster attending an elementary and secondary school in this country. (Last year's elementary and secondary school population was approximately 51.8 million students.)

Let me give you an example of the type of drug abuse counseling program that can succeed in turning the youth of our nation away from drug use.

This Spring, Gordon Chase, administrator of the Health Services Administration of New York City, and Dr. Seelig Lester, NYC Deputy Superintendent of the Board of Education, reported that drug prevention programs in the city high schools have shown "a marked degree of effectiveness in changing student behavior." Citing a joint Board of Education-Addiction Services Agency study, Chase said that "for the first time anywhere, to my knowledge, we have strong and substantial evidence that drug prevention programming in schools can really work."

The study conducted this Spring was based on a sample of 900 high school students participating in group counselling sessions in the $3.6 million SPARK drug prevention program which ASA funds in the city's high schools. SPARK is the acronym for the School Prevention of Addiction through Rehabilitation and Knowledge. The study showed that students participating in SPARK counselling sessions showed a 28 percent reduction in absenteeism; a 49 percent reduction in disciplinary referrals; a 66 percent reduction in unsatisfactory citizenship and conduct rations; a 39 percent reduction in major subjects failed and an increase of slightly over five points in their overall grade-point average.

Dr. Lester explained that students who participated in group counselling sessions—one of several prevention strategies employed in the high schools—are those who are judged most highly "at risk" to become drug abusers. Two-thirds of these students, he said, admit to prior drug usage, and their school records indicate that most are marginal students at best coming into the program.

Mr. Chase said, "There is extensive literature confirming that frequent truancy, disruptive classroom behavior and poor school performance are strongly associated with drug abuse. The results of this study are very gratifying to us because we believe that positive involvement in school is a crucial antidote to drug abuse. The results are also gratifying because the evidence is very clear that traditional approaches to drug abuse prevention—classroom lectures, films and scare tactics—have simply not worked. We have for some time believed that we had a better approach in New York City and it's gratifying to see some evidence which appears to support that belief."

The SPARK Program, under terms of its contract with ASA, provides salaries for one Drug Education Specialist in each of the city's 94 high schools. In 40 high schools, with higher incidence of drug abuse, a second member is added to the SPARK team. This member is a paraprofessional with the title of Instructor in Addiction.

Nine high schools with indicators of high need have been designated by the Board of Education for "Intervention Prevention" teams. These teams are composed of six staff members, including the drug education specialist (who is usually a certified classroom teacher), three other professionals (typically including a psychologist and a guidance counselor or an attendance teacher), and two instructors in addiction.

A broad range of activities characterize the SPARK program with latitude for special programming at each school. Some of these activities include student-led peer group programs, identification and referral of drug abusers to treatment, classroom and assembly programs of an informational sort, and teacher training. However, the dominant activity in all schools is counseling, including individual counseling, semi-formal rap sessions and ongoing group sessions for those students whose pattern of behavior indicates they are most prone to become drug abusers or addicts.

The study concludes that participation in SPARK intensive counselling sessions does produce significant behavioral change in the indices measured. This is in sharp distinction to the prevailing research nationally on drug prevention programs which use classroom education—as opposed to group counselling—as their major strategy for intervention. It suggests that ASA and the Board of Education, as well as the state of New York, should continue to encourage and support group counselling as a program which produces desirable outcomes in terms of more positive and competent student behavior.

These findings, it should be pointed out, reinforce the findings of the MARCO Systems, Inc., study performed for ASA in the Spring of 1971, which found that group experiences were strongly (and enthusiastically) preferred by students as a mode of drug prevention. The data on reduced absenteeism tends to corroborate MARCO's anecdotal findings that for many students the SPARK Program was a major reason for coming to school.

Furthermore, it seems highly probable that such improvements in basic behavior are in the long run the most effective deterrent to drug usage. The study does not prove this, and the reduction in drug use by SPARK participants that is self-reported and reported by SPARK staff as well does not, in itself, prove that in future years drug use will remain diminished. However, there is strong inferential evidence from many studies of drug abuse suggesting that a student who demonstrates an elimination of anti-social or self-destructive behavior, as indicated by reductions in absenteeism, disciplinary referrals and bad conduct ratings, plus positive achievement in school, as indicated by improved grades and reduced failures, is less likely to become a drug abuser.

These are also the findings in a five-year study of Boston elementary, junior high and high school students reported at a recent seminar at the National Institute of Mental Health. The study is being conducted by Dr. Gene M. Smith of Massachusetts Geenral Hospital, under a grant from NIMH, a component of HEW's Health Services and Mental Health Administration.

Students tested are a sample of a predominantly white, middle-class school population of 15,000 in 33 public schools in the Greater Boston area. They range from fourth-graders to high school seniors, and when they fill out questionnaires each year, they rate themselves on traits of personality and behavior, and identify their attitudes toward and their use of drugs. School records furnish histories of academic performance. A coding system guarantees confidentiality. Although participation is voluntary, approximately 95 percent of students present on testing days have taken part in the study.

In findings to date, the best indicator of subsequent use of illegal drugs is rebelliousness toward authorities and rules. Obedient children are the least likely to become drug users. The more rebellious a child, the greater his subsequent use of drugs is apt to be, ranging upward from infrequent marihuana smoking through frequent marihuana use to multiple experimentation and use—in addition to marihuana—of depressants, stimulants, LSD and other hallucinogens, and heroin.

Other reliable predictors of future drug use are classroom apathy and generally poor academic performance from middle-grade school onward, and the early smoking of cigarettes. Indicative personality traits on which drug users score low are: conscientiousness, dependability, striving for recognition, setting high goals, persistency, planfulness, thoroughness, efficiency, mannerliness, and agreeableness. Two traits which do not predict future drug use or non-use are vigor and self-confidence.

The researchers said that in comparing data from non-users and those already using drugs at the beginning of the study in 1969, the computer was able to sort out the two groups with 81 percent accuracy using only non-drug-related information.

Involvement of families with their children was the key concern of Dr. Richard H. Blum of Stanford University, a psychologist who is consultant to the White House Special Action Office for Drug Abuse Prevention. He studied families of 101 university students in detail. The families were not selected on the basis of whether students had experimented with drugs, although Dr. Blum found that all but three or four had done so, some more lastingly than others. He then divided the families into low-risk, moderate-risk, and high-risk, based on which drugs, if any, had been used, how often, and for how long. All family members, including younger children as well as parents, were interviewed, and the family group was observed for 15 to 30 hours. With few exceptions, Dr. Blum reported, the low-risk parents espoused the traditional values of God, family, country;

they held firmly to parental prerogatives, deciding for their children with whom they would play, when they would study, and how they would spend their spare time. These parents cited the family as their greatest source of pleasure.

The high-risk parents felt children should make their own decision in matters involving them as early as possible; what was important was that each child be allowed to develop fully and freely without excessive parental interference or harsh discipline. Although many of those high-risk parents were idealistic, they held no formal code of beliefs and had difficulty expressing their values. One area in which high-risk young people took strong cues from their parents was in the use of drugs. Mothers and fathers of high-risk families were heavy drug users—although they might not have described themselves that way. They were more likely to smoke cigarettes, more prone to observe the cocktail hour, and they used tranquilizers, sleeping pills, and other medication heavily.

Thees findings stress the need for community involvement and adult education in the fight against youthful drug abuse. We agree with the National Commission on Marihuana and Drug Abuse that the family can perform effectively its vital role in dealing with youthful drug use only if parents appreciate the complexity of drug taking behavior, the perceived needs it allegedly fills, and the importance of their own behavior in shaping that of their children.

Dr. Allan Y. Cohen, a psychologist and director of the Institute of Drug Abuse Education and Research at John F. Kennedy University, Martinez, California, once inquired of a group of high school students why they had never tried drugs. Only a handful said they had been frightened off by the law, by fear of addiction, by religious scruples, or concern about their health. The greatest number replied that they "had something better going for them," or "turned on in other ways." "And when you pressed many of them," said Dr. Cohen, "what they meant was that they had a warm relationship and pleasant life at home."

Life at school and our educational system can never supplant the home life of the youth of our nation, but counselling programs such as SPARK in New York City can be highly successful in helping young people deal with their problems—including their home life—and help them realize that education can offer them something they want as well as need. A billion dollars a year means only $20 a year per school child. This is a small price to pay for a stake in the future of our country.

Mr. Pepper. Thank you. In the first place, Mr. Chairman, I want to commend our distinguished colleagues, Mr. Meeds, for proposing to extend the Drug Education Act and for providing the funds that are provided for in his bill.

I would be grateful if the committee would allow me to insert in the record a bill which a number of our colleagues and I introduced last year also, H.R. 16902, to amend the other measure, the Elementary and Secondary Education Act of 1965, to provide for drug abuse therapy programs in the schools.

That was introduced by myself and Mr. Brasco, Mr. Mann, Mr. Murphy, Mr. Rangel, Mr. Stieger, Mr. Waldie, and Mr. Winn of the Crime Committee.

The House Select Committee on Crime, Mr. Chairman, and members of the committee, hope that this committee will come out with the best program that you can formulate to try to reduce crime and save lives by curbing drug use and abuse in the schools and by providing the kind of program which is conducive to students in the schools getting off of drugs if they once become a user or not getting into that population if they have not done so.

Our Crime Committee, after some 4 years of hearings over the country in the area of crime, has concluded, and we are now in the preparation of our final report, that the crime problem in this country is primarily between the repeaters who have been in and in and in, the prisoners of this country, and the youth, the young people of the country; and of course, the greatest hope for reducing the magnitude of the problem in the future is to reduce the number of young people who get into the criminal population.

For example, a judge from Philadelphia appeared by our committee recently and gave the figures in Philadelphia for 1972. That study showed that 25 percent of the murders were committed by people under 18 years of age, and 40 percent of the robberies were committed by people under 18 years of age, and 39 percent of the burglaries were committed by people under 39 years of age.

Well, in general, we have the statistics that 25 percent of all of the indexed crimes in this country—that is, murder, rape, robberies, and aggravated assault—25 percent of all of those serious or indexed crimes were committed by people under 18 years of age, 40 percent by people under 21 years of age, 51 percent by people under 25 years of age, and two-thirds by people under 28 years of age.

So we see that, primarily, the crime problem in this country is caused by crimes committed by young people.

In my statement, I mention the National Commission on Marihuana and drug abuse has reported that in 1971, 24 million young people had tried pot at least once. A Stanford study indicated that 15 to 20 percent of college students had experimented with LSD.

Heroin figures are more elusive but death by overdose in the New York City area tripled in a decade.

The FBI reported in 1971 that the narcotics arrests of youngsters under the age of 19 had skyrocketed 665 percent in the last 5 years. That is just to give one other group of figures.

In the past 3 years, more than 432,000 teenagers have been arrested for crimes involving drugs.

In that period, drug arrests of young people have spiraled from 109,000 to 173,000 a year. Each State in the Nation, with the exception of California, had a substantial rise of teenage drug arrests over the last 3 years.

Now, Mr. Chairman and members of the committee, we held hearings on drugs in the schools in New York, Miami, Chicago, San Francisco, Kansas City, Kans., and Los Angeles and the consensus of opinion was that generally the school boards had first tried to ignore the existence of the drug problems and to sweep it under the rug when something was said or brought up about it.

Finally, I think partially because we turned the spotlight of publicity upon the problem, we find now that, in those places where we held hearings, the school authorities are beginning to develop programs.

We had in San Francisco one of the best witnesses I ever heard testify before a committee and that was a black man, Dr. Marcus Foster, superintendent of the Oakland city school system.

We brought him over here later and he testified before your full committee at a meeting chaired by the committee chairman, Mr. Perkins, and he and others who are leading school authorities in the country have emphasized these facts, that something can be done in the schools more effective than what is now being done to keep school students from getting on drugs and to get off—that is, those who have already become users of them.

The school authorities strongly oppose the categorical grant method of giving Federal aid to them. They all emphasize that they can do a better job if they are given money to use in the kind of program that they find most effective in their schools.

Our bill here would authorize a half billion dollars, and, frankly, if we are going to do anything much about the problem, it is going to take at least a half billion dollars a year aid from the Federal Government to the schools of the country to enable them to put into effect the kind of program that will be helpful.

We saw the great city of Chicago struggling to get one counselor in each school and they didn't have the money to put in more than a very few, and yet scores of schools were going to close in December of that year.

We were there last year. They didn't have the money to continue the full operation of their school system.

You gentlemen, as members of the Education and Labor Committee, are well aware—but I didn't realize until we had our hearings over the country—the real crisis there is in education today in the school systems of this country primarily due to the lack of money.

In general, they are dedicated administrators, competent and dedicated teachers, and they want to do a good job, but most of them are hamstrung because they don't have adequate money.

Now, I was permitted by your distinguished committee chairman to sit with him and Mr. Lehman at a subcommittee hearing held not long ago in Miami and they had school authorities from various parts of the country there to testify about the need for the continuation and the expansion of the elementary and secondary education program.

Some of those school authorities, in testifying—and they allowed me to sit with the committee—said, "We are not now getting money enough under title I to give the benefits of that program intended to aid disadvantaged children to but one out of three of the children that should be eligible to get the benefits of that program."

So I asked one of those authorities, "What happens to the other two"? He said, "They become school dropouts."

I said, "You don't have to tell me what happens to them. I know the school dropout is, in general, headed for the juvenile court for commission of a crime and the juvenile authorities tell us that 50 percent of those who get involved in the juvenile court wind up a while later in the penal institutions of this country after having committed a more serious crime and being convicted of that crime."

So if we are interested not only in education and saving the lives of these young people, but in reducing crime, I don't know of any better way to do it than to give money generally to the school authorities so it can be crime-oriented or drug-oriented and letting them develop the kind of program that in their administrative experience they find to be the best type of program.

In every school there should be a drug counselor and there is not a school system in the country today where an appreciable number of the schools have a drug counselor.

The teachers should be taught—at least some of them—a knowledge of drugs. Aid can be given to parents in recognizing the drug problem.

We had parents sit before us in Miami and California with tears running down the mothers' faces telling us, "Why didn't somebody tell me what was the matter with my son before he died."

In Miami a mother told about her son and didn't know what was the matter with him. He came home one day and went into a room where a little 5-year-old daughter was sleeping and in a little bit she heard the muffled screams of the child coming through the door and couldn't get in until he had strangled that child to death.

One aspect of the program should be to allow the schools to work in conjunction with the parents.

Now, Mr. Chairman, I won't take more of your time, but I set out in my statement a very excellent experimental program adopted and they call it SPARK, I believe, in New York City, showing how inventive, innovative, imaginative programs can be employed and will be employed by the school authorities if they are given the money to do so, first, in aid to education and, second, in aid to saving and making stronger and better lives for these youngsters and, third, in pursuance of the national interest in reducing crime in this country, give us the best bill you can bring out of committee and give latitude to the school authorities to use that money in the way they find most effective—peer therapy and various types of programs in order to diminish the drug program.

Mr. Brademas. Thank you very much, Mr. Pepper, for a most eloquent, indeed characteristically eloquent and informed, statement on this important problem.

I won't take time now to put questions to you, but we shall be very pleased .ot study with great interest your prepared statement and I would also like to invite you to join us next week in Miami at our hearings in your backyard if you find that possible, given your own schedule.

Mr. Pepper. Very good. When will you be there?

Mr. Brademas. We will be there Monday morning, June 11, at 9 o'clock in the Dade County Court House to hold a hearing on this legislation. Congressman Lehman, a colleague and member of the subcommittee from Florida, is particularly anxious that we should be down there.

Mr. Pepper. I am delighted you are going to go. I join in the request that your committee go and I will be there and would like to appear before the committee.

Mr. Brademas. Fine.

Mr. Meeds?

Mr. Meeds. Thank you very much.

My commendations also, Claude, on a fine statement. I just note, and you can answer this if you want to, that you are talking of something in the area of one-half a billion dollars for drug abuse education and the administration is proposing $3 million. What comment would you like to make about that?

Mr. Pepper. I don't know whether—I guess even $1 might. I don't know whether it would do any good or not, but it is so grossly inadequate it is shocking, that a Government that purports to be concerned about youth of this country and about crime in this country, would so neglect the essential way in which to achieve both ends.

Mr. Meeds. President Nixon says, "They must have a nationwide theme of education and that there is no higher purpose in this administration than drug abuse education.

throughout Federal agencies and to eliminate overlapping and duplicative authorities that have, in the past, led to confusion.

We oppose H.R. 4715 and H.R. 7768 because they would unnecessarily extend the categorical authorities of the drug Abuse Education Act.

As we reported to this committee last year, the Special Action Office has undertaken a number of projects in the area of education and training, prevention, and manpower development.

Studies of all of the federally sponsored drug education and training programs have been undertaken. These studies have been conducted in two ways: First, by way of written reports from interviews with staff of the several Federal agencies involved: and second, by way of meetings of a Federal Executive Drug Abuse Council working group on education and training and related areas. These efforts are continuing.

This Office has also initiated the development of a number of evaluations of education prevention programs. These will yield useful data on the impact of the various types of education and prevention programs sponsored by both the Office of Education and the National Institute of Mental Health (NIMH).

The Secretary of Health, Education, and Welfare, and the Director of the Special Action Office, have ample authority and funds to conduct a wide variety of drug abuse education programs.

Under the authority of Public Law 92–255, section 410, the Department of Health, Education, and Welfare has requested in the fiscal year 1974 budget $3 million for the Office of Education to conduct a program of preservice and in-service drug abuse training of teachers.

Also under section 410, funds have been requested for NIMH to support effective community-based drug abuse education and prevention efforts.

In addition, the National Institute of Mental Health has requested funds under the existing authority of the Public Health Service Act to continue its drug abuse education and training programs.

In addition, section 409 of Public Law 92–255 provides for formula grants to the States to develop comprehensive drug abuse prevention programs. States have been encouraged to provide for drug abuse education activities under their State plans.

It is the policy of the Special Action Office that the development, coordination, and support of drug abuse prevention activities will increasingly be turned over to the individual States.

Mr. Chairman, we oppose the enactment of H.R. 4715 and H.R. 7786 to extend the Drug Education Act of 1970. We therefore recommend that this legislation not be reported favorably by this subcommittee.

Thank you, Mr. Chairman. Dr. Nowlis and I will be happy to respond to any questions.

Mr. **Brademas.** Thank you, Dr. Bourne. I think this is your first appearance before our subcommittee, at least as I recall.

Dr. **Bourne.** Yes.

Mr. **Brademas.** Tell us a little about your background and education and experience so we know something of your education.

Dr. **Bourne.** Yes, I am a psychiatrist. I was formerly on the faculty of Emory Medical School in Atlanta, Ga., and I was appointed in

Mr. Pepper. Yes, those are the declarations they make and this administration is supposed to be champion of anticrime forces of the country, but when it comes to doing something about it they don't recommend a thing except to cut out largely what is being done now.

Mr. Meeds. Rhetoric, loftiness, but poor performance.

Mr. Pepper. That's right. They don't make one single proposal. They have a drug abuse prevention, special action program, that's fine, but there are not nearly enough rehabilitation and treatment facilities in the country.

Today the schools have to suspend the student, a lot of times, if they become addicted to drugs well, they could be well treated in the schools, but there is no place to send them in most instances in most of the places in the country, but instead of spending a lot of money after they have already become addicted they would do better to spend money to keep them from getting addicted and to have them get a wholesome point of view in their heads and other parts about such programs.

Mr. Brademas. Thank you, very much, Mr. Pepper.

Mr. Pepper. Thank you very much, Mr. Chairman.

Mr. Brademas. We are pleased to hear now from Dr. Helen Nowlis, Director of the Drug Education, Nutrition, and Health Program of the Office of the Deputy Commissioner for Development, Office of Education, accompanied by Judith Pitney, Acting Deputy Assistant Secretary for Legislation, Education, and Dr. Peter Bourne, Associate Director of the Special Action Office for Drug Abuse Prevention.

We are glad to see you. Why don't you go right ahead.

STATEMENT OF PETER G. BOURNE, M.D., ASSOCIATE DIRECTOR, SPECIAL ACTION OFFICE FOR DRUG ABUSE PREVENTION, WASHINGTON, D.C., ACCOMPANIED BY HELEN NOWLIS, DIRECTOR, DRUG EDUCATION, NUTRITION, AND HEALTH PROGRAM, OFFICE OF THE DEPUTY COMMISSIONER FOR DEVELOPMENT, OFFICE OF EDUCATION, AND JUDITH PITNEY, ACTING DEPUTY ASSISTANT SECRETARY FOR LEGISLATION, EDUCATION, OFFICE OF THE SECRETARY—DHEW

Dr. Bourne. Mr. Chairman and members of the committee, as you mentioned I have with me Dr. Helen Nowlis, Director of Drug Education Office of the Office of Education and Miss Judith Pitney.

I am happy to be here to present administration's views on H.R. 4715 and H.R. 7786, to extend the Drug Abuse Education Act for 3 years.

As you know, the Special Action Office was specifically created to provide overall planning and policy and to establish objectives and priorities for all Federal drug abuse prevention functions.

Public Law 92-255, the Drug Abuse Office and Treatment Act of 1972, contains broad flexible authorities under which the Director of the Special Action Office and the Secretary of Health, Education, and Welfare can conduct a wide variety of drug abuse prevention programs, including drug abuse education.

As part of our effort to coordinate the Federal drug abuse activities, we are attempting to consolidate the many programs scattered

1971 by Gov. Jimmy Carter to head the State drug abuse agency in the State of Georgia.

During that time I was also vice president of the National Coordinating Council on Drug Abuse Education, and chairman of the Task Force on Drug Abuse Education of the American Psychiatric Association. I came to the Special Action Office on November 15, 1972, and I am now primarily responsible for coordinating treatment and rehabilitation, education and training, and the Federal-State relations.

Mr. BRADEMAS. Thank you. I have a number of questions I would like to put to you and your colleagues, Dr. Bourne.

I noted that in your statement you talked about eliminating overlapping and duplicative authorities that have in the past led to confusion. Do you know when the statute was written?

Dr. BOURNE. At the time the Drug Abuse Education Act became law the Special Action Office did not exist and the situation then was substantially different from what it is now.

We feel that there has been a substantial change in the interim. One of the difficulties that we have found in dealing with the States is that very often they have difficulty in knowing where to go in the Federal Government. It has been our policy to try to simplify the procedure as much as possible by reducing the number of agencies to which they must go to get the funding and assistance they need.

Mr. BRADEMAS. Well, that response—and I have to be very candid with you, Dr. Bourne—is not too serious, and you have a lot of false statements in your testimony, which I think I should make clear.

The reason I make that observation is that a commonsense reading of your statement would lead one to think we have had this legislation on the books for 20 years, and you have been so afflicted with duplication and overlapping that you come here begging us to lead you out of the mire. But you know that is nonsense because we have only had the law since 1970.

You say, "Studies of all of the federally sponsored drug education programs has been undertaken." When did you start those?

Dr. BOURNE. These studies have been ongoing from the start. Obviously, the development of technology to evaluate programs takes time: and, in addition, we can't evaluate programs until they have been underway for some substantial period of time. We are now beginning to evaluate some of the programs that have been underway since the original enactment of this legislation.

Mr. BRADEMAS. Well, I couldn't agree with you more. I am glad to see we agree on something—that it takes time. Therefore, how, given that the law was written in 1970, have you the temerity to come before the subcommittee in 1973 and tell us to stop it?

I mean, we have not been in business very long. You are a scientist.

Dr. BOURNE. There are two issues involved in this, Mr. Chairman. There are certain things that may not become immediately apparent when one begins to operate a program of this type. Time is required to determine even what is appropriate to study or evaluate in the operation.

In addition, we are not talking as much about a change in the programmatic aspects of what is being done as a change in the mechanism of administering them. We feel that what is presently being effectively accomplished can continue to be accomplished under a different kind of administrative mechanism that will perhaps make it easier for the States and for local communities to relate to the Federal Government.

Mr. BRADEMAS. Well, let's not fence about that. I have dealt with your bureaucrats for 15 years, so I have to cut through the cotton candy.

You just said that the effective programs ought to be continued: is that not right?

Dr. BOURNE. Those which are effective we definitely want to see continued. On the other hand, there are many programs and many aspects of drug abuse education which perhaps are not effective. I don't think anybody wants to see programs that are ineffective being continued or money spent on them.

Mr. BRADEMAS. I couldn't agree with you more, so there is no need to explain any further. What are your criteria for effective drug education programs, Doctor?

Dr. BOURNE. Basically, we are looking for programs that are either effective in reducing the use of drugs or that effect a change in the attitude which is conducive to drug using behavior. If a program can meet either of these criteria, we regard it as effective.

Mr. BRADEMAS. That is an academic statement, and obviously you responded in terms of purposes of the legislation, but what I want to know is what are the criteria that make possible the achievement of that goal?

Drug abuse education is what we are talking about, and on page 2, your language says you asked funds for NIMH to support effective community-based drug abuse education. And in your statement, you talk about effective programs, and you must have in mind some criteria of what are effective drug abuse education programs and what are those criteria?

Dr. BOURNE. There are many measures of reduced drug using behavior——

Mr. BRADEMAS. I didn't ask you that. Why don't you listen to my question, Doctor?

My question is not "measures of reducing the use of drugs," but my question is rather, and I am quoting from your statement, "effective drug abuse education programs" and what are the criteria that are used by the U.S. Government in supporting effective drug abuse education programs? You are a scientist and you ought to be able to tell us that.

Dr. BOURNE. You use the language. I don't think that you can evaluate effective mechanisms without measuring the secondary effect which is the extent to which drugs are used.

I think you know that, of necessity, we initially had to act on a certain amount on faith. We thought at first, for instance, that if we warned people that drugs are dangerous, this in itself might perhaps be enough to reduce drug abuse behavior.

We learned that even though this may be true in certain instances, it is not necessarily true that if you tell people that drugs are dangerous to use, they will not use them. In many instances, this may even stimulate their use of drugs. So this initial assumption that was made by many people a few years ago is turning out to be substantially less true as we go along. An approach such as merely telling people about drugs, which once seemed to hold great promise, obviously does not hold that great promise now when measured in terms of the only way we know to measure effectiveness; that is, in terms of actual drug using behavior.

Mr. **BRADEMAS.** That is what I am trying to get you to tell us, Doctor, what are the criteria that are utilized by you, and Dr. Nowlis—maybe Dr. Nowlis, you can tell us.

I think it is a reasonable question. I don't think this is a badgering question.

Dr. **BOURNE.** It is a very reasonable question. But as you know, it is also a difficult question to answer and a question for which we are still trying to find answers.

Perhaps I can ask Dr. Nowlis to address this in terms of the findings of her office.

Dr. **NOWLIS.** The way in which you state the problem will determine almost entirely how you determine effectiveness.

Mr. **BRADEMAS.** I am just taking the language out of Dr. Bourne's statement, Dr. Nowlis. It is not my language. You stated it, and I am just asking what you mean by it.

Dr. **NOWLIS.** I can perhaps answer it in terms of what we in the Office of Education assume. We assume that drug abuse, the destructive use of drugs, is a symptom and not something in and of itself. We assume that we have to look at what is behind the symptom in order to plan effective programs.

For instance, Mr. Pepper this morning referred to the SPARK program. Now, the SPARK program is essentially an all-out effort to deal with the problems that seem to face many of our young people, particularly young people in high risk areas in New York City. They have shown that there is a reduction in absenteeism, there is a reduction in referrals to school authorities for behavior problems, and there is an increase in average grades. The assumption is that all of these, along with drug abuse, are basic problems; and that when we address the basic problems, the symptoms, one of which is drug abuse, will be reduced. The problem is to get reliable and valid measures of drug abuse. That is about where we are now.

Mr. **BRADEMAS.** That is very discouraging, in all candor, to get that kind of response.

Now, I confess I find the administration's posture on this whole matter shocking, and I also find that you come before us with contradictory judgments.

On one hand, we see the President's statement, which I quoted, saying how important drug abuse education is; and then, Dr Bourne, you come to tell us that there is duplicating and overlapping authority, and therefore you don't want to see the program continued.

You tell us that you are undertaking evaluations of federally supported drug education and training, and that it is too early to say what is effective.

When we press you for giving us the criteria of effectiveness, I think you will agree we don't get an answer that would stand up very well in a graduate seminar in a university with a strong department in science.

Then I have in my hand the language utilized by the administration in calling for an end to the drug abuse education program. Let me read it to you and it might be of interest to you, "Although the problems addressed by these programs are still very much present"—and I guess we can all agree on that—"it is believed"—marvelous sort of bureaucratic prose—"that the Federal support provided to date has focused sufficient attention on these problems." Listen to that, "Sufficient attention on these problems." The language continues, "and has provided models for dealing with them so that the Federal effort can now be diminished and increased reliance placed upon State and local agencies for continued work in these areas."

Now, you know, when you come before us on this authorizing measure, you must think we don't even take the time to find out what "OMB" tells the Appropriations Committee in opposing legislation. Obviously what you have just said to us cannot possibly be reconciled in good conscience with this kind of language, can it?

I mean, you are a scientist, Dr. Bourne, and we are busy people, and I don't want to give you a bad time just to give you a bad time, but I would like to get a little integrity in these matters. The longer I have been here the more deeply I feel about it, and I think you come up here and give us dishonest testimony. I don't mean you, because I know they tell you that you have to come and tell us this, but some of us feel passionately about these problems and we would like a little honesty out of the administration.

Dr. BOURNE. Mr. Chairman, I would like to make a general statement which I believe will address some of the concerns which you have.

Mr. BRADEMAS. I wish you would. I am tired of saying what I have just said. I think you come up here and tell us falsehoods and I am getting to the position where I resent it and would just as soon not talk to you people from the administration.

Dr. BOURNE. I think the notion of drug abuse education as a way of preventing drug abuse activity is one that has enormous appeal. In general, people would much rather prevent the development of drug addiction than have to treat it.

It made eminent sense originally to proceed with the idea that if you provided people through the educational system with information about the dangers of drug abuse, they would diminish their use of those drugs and hopefully reduce the incidence of addiction.

Funds were provided for the establishment of the Drug Education Office in HEW. I think one of the most valuable things we have learned through the operations of this office is that this is an enormously complex area. There are no simple answers, there are no simple ways of measuring the impact of programs, and there are local pressures, local needs, and local differences which make what might be an effective program in one State completely different from what might be suitable in another State. A program which might work in Mississippi in a rural community might be completely different from what might work, for example, in New York City.

Therefore, we have come to realize that effective programs, first of all, must be determined to a large extent at the State and local level, by the State Drug Abuse Authority.

We are therefore moving increasingly toward putting the responsibility for developing programs and determining how funds should be distributed in the hands of the States. At the same time we found that it is very hard to separate drug abuse education away from other drug abuse activities. For example, we can't just run a prevention program without being concerned about how that meshes with treatment programs, and with other drug abuse prevention treatment activities. There is also a need to relate drug abuse education in the school to drug abuse education in the community, to integrate educating adults and children about the dangers of drug abuse.

It is necessary to integrate and coordinate drug abuse education and prevention activities with all other local drug abuse functions. And we feel that this can most effectively be done by letting the States develop an overall plan. We can support, through the formula grants to the States, the development of those State plans.

The other thing that we have found is that drug abuse in the schools is not an isolated entity. It is a symptom of other problems, and children who develop or begin to abuse drugs are not randomly scattered through the schools. By and large, drug abuse develops in a relatively small percentage of young people, and it is usually that percentage which has a variety of other problems: problems at home, truancy, delinquency, difficulty getting along in school and bad grades. We do not believe that it makes a great deal of sense to focus on what may be one symptom, drug abuse, without taking into account the other social problems and deviancy problems of these young people.

Therefore, any kind of effective drug abuse education program or effort to prevent the use of drugs in the schools must address itself to all of these other problems and not just the use of drugs per se.

The SPARK program seems to have been the first effective attempt to do this. It is a broad-scale program addressing itself to all of the problems that young people encounter which causes them to turn to drugs.

If these problems can be reduced, then, secondarily, drug abuse will be reduced also. It is therefore extremely important under these circumstances that we not focus on drug-abuse education as a single, isolated entity. It is because of these findings that we recommend that the drug-abuse-education program not be continued in isolation, and why we feel the administrative structure we recommend would be more effective.

Mr. BRADEMAS. You understand why we have to take everything you said with a grain of salt. You know we are really not children on this subcommittee, Doctor, and what you have just said we have known for many years on the subcommittee: namely, that what you do in one field effects what happens in another. That is not the most astonishing discovery of the century and anybody who knows anything about education knows what seems to me to be quite clearly the case here: you just don't want to spend the money.

The administration would rather have the President make fancy speeches in place of spending money—let the kids suffer. I don't see you putting up a big struggle for substantially increased amounts of money for drug-abuse education anywhere, in all candor, and I don't think you could demonstrate it.

I have other questions, but will yield to Mr. Meeds.

Mr. MEEDS. Thank you, Mr. Chairman.

Dr. Bourne, on the first page of your testimony you state—

> As we reported to the committee last year, the Special Action Office has undertaken a number of projects in the area of education and training, prevention, and manpower development.

Would you like to tell us about some of those programs?

Dr. Bourne. If I may, I would like to ask Dr. Stefan Halper from our office who has been dealing with these projects to join me.

Mr. Meeds. Please have him come forward.

How long have you been there, Dr. Bourne?

Dr. Bourne. I have been there since the middle of November.

Mr. Meeds. Eight or nine months or six months, something like that?

Dr. Bourne. Seven months.

Mr. Meeds. You don't know about those programs yourself?

Dr. Bourne. I know about them. But Dr. Halper has day-to-day responsibility for them and may be able to respond to some of your questions in more detail.

Mr. Meeds. Can you tell me about one?

Dr. Bourne. For instance, one we are interested in is the impact of the mass media on drug abusing behavior.

We are now initiating a contract on this project, and it will be a broad scale evaluation of the impact of the mass media on drug using behavior.

We want to know: Does media coverage in fact increase drug using behavior? Does it perhaps reduce it if one structures the material in such a way that one warns people about the dangers of drug abuse? We feel this is a very fundamental and important question.

We feel there is an enormous amount of material in the mass media relating to use of drugs, and yet at the present time we know very little about whether the impact is positive or negative.

Mr. Meeds. This is the first evaluation you have done, is that correct?

Dr. Bourne. In this particular area, yes.

Mr. Meeds. The bill is 3 years old and I think the second or third thing it called for is evaluation of programs and you are just now beginning to evaluate programs.

Dr. Bourne. You asked about projects directly operated out of the special action office. We could talk about others that were done under the Drug Abuse Education Act.

Mr. Meeds. You are making a distiction?

Dr. Bourne. You asked about the activities of special action office, to which Dr. Halper could address himself in more detail.

Mr. Meeds. Is the special action office doing anything on classroom work at all?

Dr. Halper. Mr. Meeds, as part of our forte we are responsible for helping to coordinate, we and NIMH in these kinds of things.

Mr. Meeds. Coordinate what?

Dr. Halper. Well, we are helping them to conceptualize and coordinate their efforts. For example, you are asking about mass media. Very recently, NIMH has initiated the evaluation of the ongoing mass media projects, audiovisual, printed, and film projects, to determine, first of all, if they are scientifically accurate and secondly if they are relevant to their central point and it is our hope we can determine by what is called a longitudinal component by testing before and after people have seen these films or printed materials whether there has been a change in attitude or in fact whether we can anticipate any change in behavior.

Mr. Meeds. How much is the total program costing, this evaluation you are doing?

Dr. HALPER. Well, the program that Dr. Bourne was referring to is going to be a $1 million effort to evaluate the overall effects of mass media.

Mr. MEEDS. Is that one-third of all the money you are asking for?

Dr. HALPER. No.

Mr. MEEDS. You are asking for $3 million as I understand?

Mr. BOURNE. The money for this particular study will not come from this appropriation, but from a separate block of money.

Mr. BRADEMAS. If you will yield, I understand the administration is requesting for fiscal 1974 the sum of $3 million for the Office of Drug Abuse Education. Dr. Halper is telling us that in the special action office they are spending $1 million for an evaluation of the impact of the mass media on the abuse of drugs. The point Mr. Meeds is making is that it is quite an extraordinary disparity that you should be spending one-third, for that particular enterprise, of what the administration is asking for drug abuse education.

Dr. HALPER. I am sorry, that money is coming from a different authority.

Mr. BRADEMAS. I didn't ask you that. I understand it is coming from a different authority. The point I tried to make is, if I understand what you just told us, you want to spend $1 million, regardless of the authority, for an evaluation of the impact of the mass media on the use of drugs. Is that correct? Is that what you just said?

Dr. HALPER. Yes, an evaluation, determination of what kind of media are most effective, how we can use the media to maximum effectiveness.

Mr. BRADEMAS. Fair enough. All I am trying to do is point out what I think Mr. Meeds' concern was, to get some assessment of how the administration views the world in this respect.

You are spending $1 million for this one evaluation, and Dr. Nowlis' office is requesting $3 million for the entire Drug Abuse Education Act for fiscal 1974. That is sort of ludicrous isn't it?

Dr. BOURNE. Mr. Chairman, there is money available for drug abuse education from a number of different sources. It is therefore not really accurate to emphasize only the $3 million requested under this particular act. There are funds for drug abuse education under a number of other sources including formula grants to States.

Mr. MEEDS. OK, Dr. Bourne, you say there are funds from a number of other sources.

Would you like to list the sources and amounts of those funds which will be administered by the special action office which I understand will have full authority in the entire field of drugs including drug abuse education?

Dr. BOURNE. Yes. Let me draw your attention to the end of the second paragraph on page 2 of my statement referring to section 410.

> Also, under section 410, funds have been requested for NIMH to support effective community based drug abuse education and prevention efforts. In addition, the National Institute of Mental Health has requested funds under the existing authority of the Public Health Service Act to continue its drug abuse education and training programs."

That will amount to approximately $2.7 million.

We also have funds available under section 409.

Mr. MEEDS. 2.7 from NIMH?

Dr. Bourne. Yes. The following paragraph states, "Section 409 of Public Law 92–255 provides for formula grants to States," with which they will develop and initiate their State plans. Funds appropriated with this section will amount to approximately $30 million to the States over the next 2 years, with the States determining what percentage of that money they want to spend on education as opposed to treatment or other drug abuse activities.

Now, a State that perhaps does not have a major drug problem at the present time could spend the bulk of its money on drug abuse education programs if it wished to the State planners could determine exactly what kind of drug abuse education they would like to have, which they feel would be most effective, or that their community would like to see developed.

Mr. Meeds. This now is $30 million to the special action office?

Dr. Bourne. Those are formula grants to States. Only part of the money will be used for education, but the States have authority to say how much.

Mr. Meeds. That is exactly what I wanted.

Now, what are the guidelines with regard to those grants? Need they be used in education at all?

Dr. Bourne. Yes. At least part of it must be used for prevention education.

Mr. Meeds. How much? What part?

Dr. Bourne. It is not spelled out as a percentage of the money.

Mr. Meeds. It could be as little as 2 percent?

Dr. Bourne. It could.

Mr. Meeds. It really does not mean very much, does it, then?

Dr. Bourne. Let me go further and maybe I can clarify it.

The money basically is for the States to develop a State drug abuse percent in plan. The State plan must include certain elements including a description of what the problem of drug abuse is in that State, what the demands for services are and an assessment by that State of what its total drug abuse needs will be in the coming year. It must also include a breakdown of the allocation of the funds and a description of the program to meet the States' needs.

That State plan must then be submitted to the Secretary of HEW, and it will be reviewed by people at NIMH and by the Special Action Office.

Mr. Meeds. But not OE?

Dr. Bourne. Representatives of all the involved agencies participate in the review of those plans.

The legal authority for approval of the plan [illegible] with the Secretary of HEW but we will be involving representatives of all agencies including other health agencies that are not involved in drug abuse full time.

If it is our determination, or if it is the Secretary's determination that a State plan is so biased in one area, as not really to represent an attempt to meet the needs of that State, that plan can be turned down or a revision can be required.

So we retain the authority to be sure that such things as drug abuse education are being adequately addressed in the State plans.

Mr. Meeds. Now, is that $30 million specifically requested in the budget?

Dr. **Bourne.** There are two components of $15 million apiece The first allocation of $15 million was to develop the initial plan.

Mr. **Meeds.** Where did it come in the budget?

Dr. **Bourne.** Under section 409 of Public Law 92–255, which is our enabling legislation.

Mr. **Meeds.** And is it a specific $15 million budget request?

Dr. **Bourne.** Yes, for development of the State plans, with a subsequent $15 million once the State plan is in and approved to initiate implementation.

Mr. **Meeds.** Where does it come?

Dr. **Bourne.** Under the same provision.

Mr. **Meeds.** Same?

Dr. **Bourne.** Yes.

Mr. **Meeds.** For the requested $30 million altogether?

Dr. **Bourne.** Yes.

Mr. **Meeds.** And $2.7 million for NIMH and $3.0 million for the Office of Education, is that correct?

Dr. **Bourne.** Yes.

Mr. **Meeds.** We have the total efforts of this administration to deal with drug abuse education as that?

Dr. **Bourne.** I will let Dr. Nowlis add some things because there are other areas which she is more familiar with than I am.

Dr. **Nowlis.** There are many things that are going on in the Federal Government. I think the figures that Dr. Bourne has presented are not solely for drug abuse education, that they include treatment, rehabilitation.

Mr. **Meeds.** That is under the $30 million?

Dr. **Nowlis.** Under the $30 million, yes.

Mr. **Meeds.** Very clearly, there is no requirement that any given percentage of it be used at all for education.

Let's just kind of get this out here on the table. I keep getting feedback from you people that you have given up in the field of drug abuse education, that you have adopted the oft-quoted theory that "to try to educate people on drugs is more dangerous than to do nothing." Am I reading you wrong?

Dr. **Bourne.** I think maybe there is some misconception here. I don't think there is a fundamental disagreement about the desirability of preventing drug abuse through effective education. I think the difference comes in that we have moved to a different mechanism for making those services available. I think that one of the most significant changes that has occurred is the shift toward giving the responsibility to the States.

Mr. **Meeds.** The States have done so much for the whole field of drug abuse education prior to this thing that we ought to give them more responsibility?

Dr. **Bourne.** Under our legislation we are trying to create a situation where this will be the case, where the States will perform a very effective function.

I think it would be wrong to lump all States together in a categorization of "Not having done adequately in the past" because some have done exceptionally well.

Mr. **Meeds.** Let's say "Most of them."

Well, I think both of you, you and Dr. Nowlis, toyed with a concept, when you answered Mr. Brademas' question about criteria of effective drug abuse education programs. You describe the problem and then you find out, and I think probably there is a lot of truth to that.

Now, how do you describe the problem? What is the problem in the field of drug taking or drug abuse that you want to prevent by education? Do you want to tell me that, Dr. Bourne?

Dr. BOURNE. I think there are two things we want to do. One is to prevent the eventual development of addiction and with it the related experimentation which, in a certain percentage of users will lead to addiction.

The second thing we want to do is to deal effectively with those kinds of social problems which are conducive to the development of drug abuse, even if the person never actually reaches a point where he is using drugs.

This is taking a much broader perspective than we initially intended, but it is one that we are finding to be absolutely necessary.

Mr. MEEDS. Do you think that this kind of program, kinds of programs you had in the past, Office of Education, HEW, NIMH, all of them are calculated to do that? I am reading now from a summary of volume I of the "Evaluation of Drug Education Programs," by MACRO Systems, Inc.

And it is page 3 under subsection 4 which says "In the continual evolvement of HEW drug education programs general strategy has remained constant over the past several years and so on and these approaches have included appeals to morality, et cetera, scare tactics emphasizing dangerous action of drug use, and so on, presentation of facts based on scientific studies and research efforts" and are any one of those first three calculated to prevent drug abuse through education?

Dr. BOURNE. There are people, as you know, who believe fervently that those approaches will work. It is not our belief, but there are many people who believe it is so.

Mr. MEEDS. It was not our belief, Dr. Bourne, when we wrote the law 4 years ago when we conceived the law.

We knew those things then, 4 years ago, were ineffective and probably more dangerous than doing nothing, yet we find in a report commissioned by your own people, of your own operation, that these are the first three things they talk about.

Now, it is no wonder that you come to some kind of conclusion that education is not effective, because that kind of education is not effective.

Dr. BOURNE. But unfortunately the belief is widely held by a large number of people and I think one needs repeatedly to make the kind of statement they made in there. I don't think it can be said too often because there is a strong body of belief that is all that is needed to discourage people from using drugs. The fallacy of this approach may be obvious to members of this committee but I think to many members of the general public it is not that obvious. Too many people even today are willing to believe that you just need to scare people enough and they will then not use drugs.

Mr. MEEDS. Tell me this. Do the drug abuse education efforts of your office, and the Office of Education, and you can both answer, fit this kind of description again quoting from the same study on page 4 just a little above where I quoted:

"In a drug taking society, et cetera, it does not seem likely efforts to stop this kind of social or light drug use will meet with significant success."

Would you agree or disagree with that?

Dr. **Bourne**. We hope our efforts will meet with success.

I think the evidence to date has been somewhat discouraging although we hope that we can find mechanisms where we could be more successful than we have been so far.

Mr. **Meeds**. How much have you been looking for mechanisms? Tell me about the curriculum you developed or had developed by grants.

Dr. **Nowlis**. As you know from our hearings in July, we have not taken the traditional curriculum route. We, in the Office of Education, are much more involved in the program with developing guidelines which can be adapted to the great variety of community school districts with which we have to deal.

Mr. **Meeds**. Do you know it is effective. Have you evaluated it?

Dr. **Nowlis**. We are in the process. We monitor it very carefully and are developing a data base on which it can be evaluated. Before the end of this month we will have signed a contract for the identification and validation of perhaps as many as 50 different models.

Mr. **Meeds**. Now, "Helen," that is just beautiful. Why didn't you do that 2 years ago like we said in the act, first thing we talked about?

Dr. **Nowlis**. The first thing you have to do, if you want to evaluate a model, is to get that model actually functioning.

Mr. **Meeds**. Right. You have to develop something, don't you, or have somebody develop something?

Dr. **Nowlis**. I have to get somebody to develop it.

Mr. **Meeds**. All right, we had testimony in the committee the other day by a person who said:

> I refer directly to Section B-1, B-2, B-3, B-4, which relate to development evaluation of curriculum.
>
> Less than a year ago in testimony before the committee USOE could document only $9,000 of Federal dollars particularly spent on drug curriculums and this was in fiscal 1969.

Dr. **Nowlis**. That was one project that was commissioned before our office ever came into existence. It was the development of a curriculum in Laredo, Tex.

Mr. **Meeds**. How much has been spent in the 2 years that you have been operating with money under the bill in curriculum development?

Dr. **Nowlis**. Through the State education grants, grants to the State education departments, a great deal has been done in terms of curriculum guidelines.

Mr. **Meeds**. How much?

Dr. **Nowlis**. One of the problems that we are faced with is a confusion between education and information about drugs.

Mr. **Meeds**. Right.

Mr. **Brademas**. We are not afflicted with that confusion.

You keep telling us about the confusion other people have. We knew what we were doing when we wrote the statute.

Dr. **Nowlis**. I know you did.

Mr. **Brademas**. Part of our problem, in all candor—if my colleague will allow me to interrupt for one more sermon—is that some of us on the subcommittee know more about some of these matters than some of you. If you would simply read the evidence that is presented by expert witnesses before us and then look at the statute, which is law, you are supposed to look at it, you would know what we expect. Just obey the law, you won't get into so much trouble.

You spend so much time trying to get around the intent of Congress, ignoring what we tell you to do, that we cannot believe you when you come back and say, "The programs have not worked, so let's kill the programs."

Of course they have not worked, you have not done what Congress told you to do. You know we talk to intelligent people who give us advice in these matters. We don't dream up these ideas out of our head.

Dr. NOWLIS. One of the major problems is to get noninformational programs installed and operating and operating long enough so that you can actually validate them. This is where we are. We are ready now to define programs which are different from those that have long been discredited in the eyes of some of us, and I think you all know that I have been one of the leaders.

Mr. MEEDS. We know that, Helen. We know that, but the U.S. Office of Education has certainly not been one of the leaders and it has not utilized this law to develop curriculums, to test the curriculums, evaluate them and then to disseminate them.

We started this program as a developmental program 3 years ago and we find that you are just now beginning to develop a curriculum.

No wonder we are chargined.

Have you pretty much come to the conclusion that maybe trying to educate young people not to experiment with pot may be a waste of time?

Dr. NOWLIS. That all depends on how you attack it. We are thoroughly convinced, recognizing that the school and the school community are only one small part, one small part of the influences that help to determine behavior. We are fully committed to the hypothesis, which again must be tested, that healthy, happy, challenged, busy using their abilities, young people, will, in decreasing numbers, see any particular attraction to drug use.

Mr. MEEDS. Well, now I like your statement there, but, again, that is not what evaluators said about you, about your program.

Again, I am quoting on page 7.

Dr. NOWLIS. That study was done from June 1971, to June 1972, and our program had just begun to function at that point. We had just funded our school based, college based, community based programs and they were in their infancy.

Mr. MEEDS. What would make them say, page 7, beginning of third paragraph:

> In place of prevention as a reachable goal, drug use on the part of youth could be accepted especially marijuana use, HEW could abandon drug education as a single issue concept and develop programs more in keeping with current youth development areas, problem solving capability.

Dr. NOWLIS. This is what the USOE program had been dedicated to since inception.

Mr. MEEDS. Why does it say, "In place of prevention as a reachable goal, drug use could be accepted"?

Who wrote this, "HEW could abandon drug education as a single education concept and develop programs more in keeping, et cetera," that's a criticism, is it not?

Dr. **Nowlis.** Again, I know the people who wrote that. They assured me it was not written as a criticism of what we were doing. It is this confusion between education and information again. They were essentially evaluating programs which were based on information and on scare tactics.

Mr. **Meeds.** Indeed.

Dr. **Nowlis.** But they were not evaluating what we are trying to do, which is exactly what they recommend.

Mr. **Meeds.** Weren't they evaluating programs funded under this Act?

Dr. **Nowlis.** They were evaluating programs funded under this Act that had been in place only 3 to 6 months.

Mr. **Meeds.** That were based on scare tactics?

Dr. **Nowlis.** No; they were also evaluating many informational programs supported by other parts of the department. They were not evaluating us specifically. We had not been in operation that long.

Mr. **Meeds.** Well, they were evaluating operation of this act.

Dr. **Nowlis.** No, they were evaluating something much broader than that. They were evaluating the total HEW education information effort.

Mr. **Meeds.** All right, among which was this act?

Dr. **Nowlis.** In its infancy, yes.

Mr. **Meeds.** And the programs under this act?

Well, I won't continue to haggle on that with you. But how does your present testimony then square with the statement of the Office of Management and Budget where they say:

> Although the problems addressed by these programs are still very much present, it is believed that federal support provided to date has focused sufficient attention on these problems and has provided models for dealing with them so that the federal effort can now be diminished and increased reliance placed upon state and local agencies for continued work in these areas.

How does it square with that?

Dr. **Nowlis.** I know of no models that I will stand behind at this point.

Mr. **Meeds.** Exactly. Well, I appreciate your candor there.

Now, is the plan to just utilize $3 million in fiscal 1974 and then that will be the end of the drug-abuse education program? That is $3 million that was carried over, I assume? Where does that $3 million come from?

Dr. **Nowlis.** That $3 million comes under the authorization of 92–255. It is funds under the special action of this authorization which we have been directed to administer.

There are no more Drug Education Act Funds after fiscal year 1973.

Mr. **Meeds.** How many years did you get funding under the Drug Education Act?

Dr. **Nowlis.** Three. As you know, from previous testimony, the timing of it has been such that the program will continue to function with fiscal 1973 funds until the end of fiscal 1974, but there are no new Drug Abuse Education Act Funds.

Mr. **Brademas.** What happens, if my colleague will yield, to you, Dr. Nowlis, and your office under the administration proposal?

Dr. **Nowlis.** What happens?

Mr. **Brademas.** Yes.

Dr. **Nowlis.** We will continue to function through fiscal 1974.

Mr. Brademas. Then wither away.

Dr. Nowlis. Well, I live in hope.

Mr. Brademas. Mr. Landgrebe?

Mr. Landgrebe. Thank you, Mr. Chairman.

I am pleased to be here this morning. This problem is one of the great concerns of my life, the drug problem, and I wouldn't consider myself to be an expert of the problem as some other members of the committee so indicated. I had my first observation of drug abuse when I was in 8th grade and that was a good many years ago, when I had a classmate who I really think killed himself eating aspirin, just ate them by the handful and he didn't finish out the school year.

But, in fact, I sit here with a good deal of sympathy for the witnesses here this morning because I am not a doctor and not an expert. I am just an observer of the situation and I have seen a great expansion of the drug traffic; in fact I have observed some drug-education programs that I thought really were counter-productive and one of these I have seen in the District of Mr. Brademas, when a police officer came in with a satchel, if we might reminisce about the old-fashioned doctor, and this man showed the committee what he was doing around the schools. He was taking vials of this and vials of that and he was showing people how they could make very dangerous concoctions.

In fact, some of them were so simple that even a 12- or 10-year-old child could remember what this particular concoction would be, "Contac" or cold remedies or some simple situation where you could get high and, of course, all of the classmates say, "All you have to do is take this and you are in another world and forget all of your problems and it is just great to be on drugs" and "Contac" is available right on drugstore shelves and coke in the machines, and little things like that.

I really thought, and I know this officer was sincere, (He wanted to stop drugs, drug abuse, and leading people into addiction), but I felt personally by observation that this was a great introduction to boys and girls to drugs, particularly in this day and age where so many mothers are working and the boys and girls are in school shorter hours, 2:15 and some only to noon time, and have all afternoon to hobnob with the other kids and it is, as people have tried to tell us, "idle minds and bodies do create problems" and here is the educator telling them what a little simple "two bit" investment they make to get themselves a high time.

So, I speak as a father and as a human being and a man who is terribly concerned about the drug problems of our country. I understand a recent report, the Commission on Marijuana and Drug Abuse Task Force, the National Education Association, the Engineers Strategic Study group of Army, to mention only a few, have damned drug abuse education as ineffective, if not counter-productive.

Several witnesses appearing before this committee have stated that it is a waste of their taxpayers' dollars. Is this possible that this drug abuse education that we have been carrying on here is another very costly example of what the President refers to as putting dollars against problems and expecting miraculous solutions or disappearance of the problem?

How do you people justify the expenditure of $38 million in view of the fact of the comments of the National Education Association and other people who might be considered experts, too, in this field?

Dr. Nowlis. I would like to take the first cut at that.

If you read all of these reports very carefully, you will see that what they are condemning is the typical nontargeted, nondiscriminating use of information, but if you read a little further, everyone of them says essentially that as long as we think drug education is something apart from life and living and growing in our society, we are going to be in trouble. They all specify quite clearly that until young people have an opportunity to develop a positive self-image, some respect for themselves, some experience and skills in decisionmaking, the skills that are necessary to keep with growing up in our society, we won't be able to do much about the drug problem.

All three or four studies—I have forgotten how many you mentioned—I think give support for the kind of things that the Office of Education, under the Drug Abuse Education Act, has been trying to do. But it has been an uphill battle because so many people believe, and again, sincerely, that people won't do things if you tell them it is bad. All I can do is remind you of our experience with cigarettes in the face of widespread information.

Mr. LANDGREBE. I should remind you I, too, was a boy and even today when people say, Thou shalt not," there is some kind of desire to do it, and you agree with the "shalt not."

There is also an important matter of removing the source of illicit drugs, and I don't know how the chairman feels but I feel very strongly that the drug pusher should be dealt more strongly with than just a suspended sentence. I personally believe very strongly in capital punishment for the drug pusher.

Let's move on.

What is the rationale behind the communities' self-help program?

Dr. NOWLIS. Our experience, as we have very carefully monitored, our own projects that we have and other developments in this area, indicates that really the only way that we can get a coordinated attack on this problem and a constructive response to the problem is by getting all aspects of the community to work together on it.

I takes the schools, the parents—and I underline the parents—it takes the health professionals, it takes the law enforcement people working together on "their" problem, not "the" problem.

So the idea is to help people develop the skills to assess their own needs and their own human and cultural resources in order to respond to their problem.

Mr. LANDGREBE. Isn't there a little conflict here, though, when you talk about rationale of helping communities and yet you insist on investing a high percentage of your budget in training instead of simply giving grants to local schools and school districts to fight drug abuse as they see fit? Isn't there sort of a conflict here?

Dr. NOWLIS. Well, we had experience, or others have had experience, in giving grants to communities who tended to continue to do what they believed and we now believe was not productive.

Mr. LANDGREBE. This has really been proven to some extent?

Dr. NOWLIS. Almost always, there was a very frontal direct attack on drug abuse as a problem rather than a symptom. There were conflicting positions within communities, with schools in some cases taking one position and law enforcement another and medical authorities another. We were in the situation where sincere people did not look at the total problem and did not look at what others had to contribute and so were creating a situation that was confusing to young people.

They could play one off against another. What we have tried to do is to get together an interdisciplinary team representing the important forces in the community, including schools and parents, supplemented by others, to come together and pool their expertise, pool their resources and learn how to work together. It may sound strange, but people in many instances do have to learn how to do this.

Mr. Landgrebe. In other words, try to sort out those approaches that do get results—favorable, good results—and then promote those rather than just continue to throw this money away.

Dr. Nowlis. With all forces in the community supporting them.

Mr. Landgrebe. What really is an effective drug education curriculum?

Now you have been asked questions and you have debated this. Just answer a simple question for me:

"What is effective drug education curriculum?"

Dr. Nowlis. We are in the process of trying to identify and validate some of these. I think my answer would have to be that it will vary from place to place, from age to age.

Our experience to date indicates that it is not so much the curriculum as it is the skills of the teacher in selecting material and approaches that are relevant to the particular age, social, psychological, sociocultural level of the group with which the work is being done.

This is very frustrating because it would be nice to have a simple answer.

If you had your wish, what do you think should be involved in the preparation of a teacher to make him an effective drug education teacher? If you had your wish, Dr. Nowlis, how would you like to see drug education handled in our schools?

Dr. Nowlis. I would like to see two different thrusts. I feel very strongly that one of the most critical drug problems that we face is helping young and old alike to learn to live wisely in an environment that is increasingly dominated by chemicals, not just illegal drugs but all drugs, including some substances that we prefer to call by other names.

I think it is extremely important that through the parent in the home, before the child even goes to school, and that through school, as he is able, young people recognize what drugs are, how they act, that there is no such thing as a safe drug, that all drug use involves certain risks. What we are really talking about is a risk-benefit ratio, how much risk for what benefit, and this includes over-the-counter drugs, prescription drugs, and you can even go as far as industrial chemicals, food additives. I think this is a desperate need which we are not really addressing.

Then there is the other problem, the drug problem that people are so concerned about, that is, the nonmedical use of drugs without proper knowledge, without proper controls, and for reasons that society does not approve.

This, I think, requires teachers who are skilled, first of all, in understanding growth and development, who are skilled in communicating, teachers in whom young people have faith, whom they trust, and whom they can accept as role models.

Now you can say to me "Shouldn't this be what good education is all about" and I think it should, but I don't think that we can applique drug education onto an education process that is not doing what it should. I think there have to be some basic changes.

As far as I am concerned, good education is good drug education.

Mr. **Landgrebe.** I just have a couple more brief questions and comments. I assume that you may even be the author of the rationale for consolidation of Federal drug education programs and their placement in NIMH.

Do you subscribe to this and would you just go over it again for us briefly? It has been touched on, but I would like for it to be re-emphasized by either of you people for the record.

Dr. **Bourne.** Our legislation calls for us to consolidate the Federal drug abuse effort and drug education is part of that overall consolidation.

The legislation also calls for the eventual dissolution of the Special Action Office in June 1975, and the establishment within HEW of an Institute for Drug Abuse.

At that time we hope that all drug abuse programs will be consolidated and brought together under the institute. We see this as the final goal of consolidating all programs, both treatment and prevention, together, in one location under one organization.

Mr. **Landgrebe.** That is all background knowledge and so forth?

Dr. **Bourne.** Yes.

Mr. **Landgrebe.** All right, one simple question.

Do you think that President Nixon is just a penny-pinching miser in suggesting that we consolidate these programs or are you people at HEW, are you less than sincere in a concern for the rapid expansion of the drug problems in this country or are you trying to tell us something here that you have found out from study and experience; that is, is it really true that the throwing of money in every direction and perhaps carrying on and perpetuating some education programs may be counterproductive, may be detrimental rather than helpful?

Dr. **Bourne.** I think that we all share the same concerns about drug abuse in this country. We are concerned about the enormity of the problem and want to see it dealt with in the most effective manner.

However, I think we also share a concern about the idea that if you throw enough money into a problem it will go away.

Obviously this is not necessarily true. We are deeply concerned that the money be spent in the most effective manner, and that we not just spend it without careful determination as to the effectiveness of the programs that we fund. This is the basic concept behind the decision which is being made now as far as drug abuse education is concerned.

Mr. **Landgrebe.** In other words, insofar as money is concerned your particular concern is not whether we spend more or less, but what the results are.

Dr. **Bourne.** Yes.

Mr. **Landgrebe.** Pouring gasoline on the fire is going to make more fire and spending more drug education money can be counterproductive and your interest is in research and this is what your are saying and I will give back any time I have not consumed.

Mr. **Brademas.** Mr. Lehman?

Mr. **Lehman.** You sound like you have a British accent.

Dr. **Bourne.** I was born in England but spent most of my life here.

Mr. **Lehman.** I just wondered what the drug abuse education programs in England are at this time compared to what we have here?

Dr. BOURNE. I am really not familiar with the drug education programs in England. Drug abuse is a rather minimal problem in England as compared to the United States. There are approximately 3,000 addicts in all England, compared with perhaps 300,000 just in New York City, so all of England really has less than 1 percent of the problem we have in that one city.

Mr. LEHMAN. Those statistics, if they are valid, would be a very interesting beginning because the cautions are not that much different. I just wanted to ask Helen a question:

You were talking about the approach to drug abuse education I think and you were talking about it almost as as if it should be taught in a chemistry class. I was just thinking you really left off a great spectrum of drugs. I am not even sure that we need just a chemist, I would think even tobacco or alcohol might be included as drugs. Someone told me the next big thing we will find out is that caffein is leading to heart problems in this country, so who knows where drug education can go. There is no bounds to this.

Dr. NOWLIS. This is one reason I feel strongly that people need to understand what drugs are and learn to live wisely with drugs, but this is completely separate from what most people are concerned with, that is, nonmedical use of drugs. Certainly I define drugs as broad as to include what almost anyone else would, including prescription drugs, over-the-counter drugs, illegal drugs, substance that we prefer to call beverages or cigarettes, food additives, industrial chemicals, even pollutants.

Mr. LEHMAN. Transmission fluid?

Dr. NOWLIS. Anything that interacts with and affects the structure or function of the living organism.

Mr. LEHMAN. That is going to be a big educational program. It takes a lot of money to teach all of that.

Dr. NOWLIS. Well, I think it can be done without exorbitant sums of money, because it can be done by reordering your priority within the whole teacher training unit field.

Mr. LEHMAN. Thank you.

Mr. BRADEMAS. I wonder, Dr. Nowlis, what is going to happen to the programs you are presently funding through your office if this legislation expires?

Dr. NOWLIS. We will be concentrating almost entirely on teacher training programs and the other programs can apply to other agencies such as NIMH. We developed them primarily as models.

Mr. BRADEMAS. What are you going to do with the $3 million that you have requested?

Dr. NOWLIS. We have not developed all of our plans for that yet.

Mr. BRADEMAS. When are you going to do that?

Dr. NOWLIS. Within the next month. We have several meetings scheduled where we are bringing in consultants from a variety of areas to help us decide how best to use it.

Mr. BRADEMAS. I hope you won't mind if we ask you to come back in a few weeks and tell us how you plan to use it, because this is going to be a very vigorous oversight subcommittee.

You referred to the possibility that existing programs could seek funding from other agencies and mentioned NIMH.

Now, we first considered this legislation, we put a question to the administration's principal witness at that time. Dr. Morton Miller, who told us that the bill was not needed because NIMH was already doing the job. That was his rationale, you may recall, and we asked him how much NIMH was spending on drug abuse education and we found out it was only $900,000. When we pressed a little further we learned of course, as I am sure you are aware, that the $900,000 was spent not on the drug abuse education activities which this legislation is intended to support, but rather for the purpose of operating a clearing house on drug abuse information. So we did, and we do, know Dr. Nowlis, the difference between drug abuse information and education on this subcommittee.

Now, how much money has NIMH spent in fiscal 1973 for drug abuse education and how much extra money is proposed to be spent by the administration through NIMH in fiscal 1974 under drug abuse education and under what authority?

Dr. Bourne, do you know the answers to those questions?

Dr. Bourne. The total under section 410 and the Public Health Service Act will amount to $2.7 million.

I might also mention that under section 223 of our legislation we do have discretionary moneys that can be transferred to other Federal agencies to expand the development of any kind of programs that showed particular promise. If for example, we discover in the next year any kind of drug abuse education initiative that upon evaluation turns out to be particularly effective, we have those discretionary funds that could be transferred to NIMH to expand or increase those initiatives.

Mr. Brademas. Well, you will understand how I must view those responses with profound skepticism for two reasons.

First of all, $2.7 million is not very much money, I think you will agree. And second, a favorite response of the administration witnesses to this subcommitte, whenever any difficult problem comes up, is that narrow categorical programs are by definition "wicked" and that there is always other authority to support such programs. What happens is we find that there is no support forthcoming.

We now find that nothing happens. Would you agree that $2.7 million proposed to be spent in fiscal 1974 for NIMH for drug abuse education is virtually nothing—is that a correct figure?

Dr. Bourne. Yes, however that includes the money that will go directly to the States through formula grants, which we discussed previously.

I don't think we should ignore that just because the mechanism of getting the money out to the communities is different.

Mr. Brademas. How much money is that?

Dr. Bourne. It is a total of $30 million over 2 years.

Mr. Brademas. But not for the purpose of drug abuse education?

Dr. Bourne. Not exclusively for drug abuse education. But some of the States have already told us they plan to spend a large portion of that money on drug abuse education programs, particularly those States which do not have, for instance, major heroin problems or large urban communities.

Mr. BRADEMAS. What is the deadline for the State to tell you how much of those formula grants they propose to spend for drug abuse education?

Dr. BOURNE. The date we set for them to submit their initial plans is June 30, although we have given extensions to August 31 to several States which demonstrated a legitimate need for additional time.

Mr. BRADEMAS. I hope you make that information speedily available, by contrast to the way the Pentagon responds to a congressional mandate, about which you read in the Post this morning.

[The information referred to follows:]

EXECUTIVE OFFICE OF THE PRESIDENT,
Washington, D.C., July 5, 1973.

Hon. JOHN BRADEMAS,
U.S. House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN BRADEMAS: In response to your request for information regarding State drug abuse education efforts, I am pleased to provide the following response.

First of all, the formula grant monies provided under Section 409 of P.L. 92-255 are for the purpose of developing and implementing a state-wide plan for drug abuse treatment and prevention. The monies are not provided for the purpose of actually operating programs. Programs designed by the State Agencies will be funded from a variety of sources, including Federal monies acquired through the process of applying to the appropriate agencies; State monies allocated through the appropriations process; and local funds.

I am enclosing a copy of the notice which was sent to all Single State Agencies instructing them in the process of preparing their state plan. You will notice on pages 5–6 of the Model State Plan format that education, counseling, training and information are an integral part of the plan. Under the format which the States are required to follow, capabilities in these areas must first be identified and itemized under "resources". The "Needs and Gaps in Service" in each of these areas are then to be identified, and appropriate responses outlined in the "Action Agenda".

It is impossible at this time to predict with any accuracy how much Federal money will be spent by the States for Drug Abuse education in the coming year. Actual funding is dependent, first, on approval of the State plans, and secondly on approval of individual requests for Federal monies for specific projects. Our capacity to predict is further hindered by the fact that most states have requested an extension in the deadline for submitting their State plans, and these will not actually be ready for review until early August.

I am, however, enclosing copies of the education sections contained in several state plans which have been submitted to this office to date. These include the plans for the states of Michigan, Oklahoma, North Carolina and New Mexico. In addition, several of the states which have not yet submitted their plans for final review are known to be proposing strong education components; these include such states as New York, Connecticut and Florida. I would stress that the enclosed plans are now in the review process, and have not received final approval.

Let me assure you, once again, that we are looking closely at drug education programs across the nation, and will fund, either through our own resources or through O.E. or NIMH, those programs which upon evaluation show real promise of achieving the goal of drug abuse prevention among young people.

Sincerely,

PETER G. BOURNE, M.D.,
Associate Director.

Dr. BOURNE. We will keep you advised of what their needs are in drug abuse education?

Mr. BRADEMAS. That $2.7 mililon figure you cited earlier, considering the dimensions of the drug problem, is not much money to be spending on drug abuse education, is it?

Dr. BOURNE. Dr. Nowlis said earlier there was no model that she would give 100-percent endorsement to at this time. I think that if we do come up with a model from the many projects now underway and it can be evaluated, with the funds already appropriated, we will be delighted to support them to the fullest extent, whatever model appears to be fully effective.

Mr. **Brademas.** That was not really my question. I asked, Doctor, as a scientist, if $2.7 million represents enough money to support drug abuse education of a kind defined in the statute under consideration?

Dr. **Bourne.** It is really a relative kind of decision given the fact that we don't have a model or a design that we feel we can be that committed to. It does not make a great deal of sense to spend an enormous amount of money on something that may not work at all.

Mr. **Meeds.** May I ask to yield. After 20 years, they don't have a model.

Mr. **Brademas.** How long do we have to wait?

Dr. **Bourne.** The problem is, and I think you said it yourself, that this is an extremely complicated area where a lot of people looked for simple solutions and it is apparent that there are none.

The year we have spent looking is one indication of how complex the situation is.

Mr. **Brademas.** We all know it is complicated and difficult; that is really not the most astonishing news.

Dr. **Bourne.** But that is the reason why it takes a long time to come up with answers.

Mr. **Brademas.** How are you going to come up with a model if you are not willing to invest some serious money in it? Where is the money going to come from, out of the skies?

Dr. **Bourne.** A great amount of money has already been spent, and there are a large number of projects underway at the present time.

For instance, one of them was mentioned today by Congressman Pepper. That is the idea of putting a counselor in every school. A counselor is being put into every school in Mississippi, and the program will be evaluated over the next year by money from this act.

I think we may very well learn something extremely important from that experience. We may find that when counselors are placed in every school, they have an enormously important role to play. Or we may find that those services are not utilized and they do not constitute an appropriate expenditure of funds.

These kinds of studies are ongoing, and we will have results from them in the next year. I think at that point perhaps it would be appropriate to make a decision as to where we should put additional funds.

Mr. **Brademas.** You must agree then, and this is the third time Mr. Meeds and I have drawn attention to this, but the Office of Management and Budget was simply telling lies to the Congress, and I use the word advisedly, when they told us that, "The Federal support provided to date has focused sufficient attention on these problems and has provided models for dealing with them so that the Federal effort can now be diminished."

As I said in my opening remarks, what we would like to get on this subcommittee is the truth. I am fed up to the gills with dishonest testimony. I really am, and we have to dig it out of you just as Senator Ervin is digging it out over on his side.

It is about time we got honesty from people coming before the committee, and I would like you to know I don't regard the testimony given here this morning as honest. It is just not on all fours with the facts.

Now let me ask you another question: You say that States have been encouraged to provide for drug abuse education activities under their State plan.

We have a copy of the handbook, Dr. Bourne, your office got out to the single State agencies, and it is a fairly lengthy one, and I find only one reference to drug education.

Is that what you mean by encouraging?

Dr. BOURNE. I don't know if you have a complete handbook, but it is a folder to which things are regularly added, and one thing that has not yet been published are the formal regulations relating to development of State plans.

I can tell you that in our dealings with the States there has been a great deal of interest expressed by them about drug abuse education, and they are planning to initiate these kinds of programs using the formula grant funds.

I think only when those State plans come in will we know the real extent to which local communities feel there is a need for drug abuse education and the degree to which they are willing to commit funds to plans that they think will be effective.

Mr. BRADEMAS. Well, I must say, in that respect, all of us are back home in our districts a good deal, and the assessment by local communities of their drug abuse problem is often a subject of considerable controversy. I will tell you it is a subject of considerable controversy, whether you know it or not, among members of the medical profession.

They don't like to face up to it, quite frankly, and in my district we found doctors don't like to talk about it.

"It is mean, nasty, shove it under the table."

Dr. BOURNE. I am very aware of this attitude.

Mr. BRADEMAS. So I am skeptical about the strategy you are using. I use the word "strategy," and I come to another question. You represent an agency instrumental in the development of what is called the Federal "strategy" in drug abuse prevention, but it does not say much with respect to drug abuse education.

In your testimony here today, I don't think that you even mentioned the phrase "Federal strategy," which I understand is essential to what you are trying to do down there. Why had you not mentioned that?

Dr. BOURNE. Everything I have talked about today is, in effect, a part of the Federal strategy. The word "strategy" has also been used to describe the document published by our office, and I do not want to create confusion by using the word "strategy" interchangeably. But everything we have talked about today relates to the Federal strategy.

Mr. BRADEMAS. Have you studied, Dr. Bourne and Dr. Nowlis, the testimony of Carl J. Nickerson, superintendent of health education of the office of the superintendent of public construction, State of Washington?

Dr. NOWLIS. I have.

Mr. BRADEMAS. What is your reaction to the statement Dr. Nickerson makes, Dr. Bourne—which you will notice is made based on an extensive survey of what people are thinking across the country?

Dr. NOWLIS. State education departments?

Mr. **Brademas.** That is right, and they seem to be almost uniformly in support of this legislation, and make recommendations for strengthening it. But one of the three major points that many State directors agree on, according to Dr. Nickerson, is that one of the most rewarding results of the legislation is that "funds have been earmarked." Do you get that, Dr. Bourne, "earmarked"?

"For the first time," said Dr. Nickerson, "there were funds to State offices earmarked for drug education. State directors, many of whom have seen the need for increased support in these areas years ago, finally had some money with which to work."

Do you understand the implications of that? Because if we were to take the administration's position, and cut off the money for this "categorical" program, the people out in the field, to whom you made frequent reference in your statement, are going to be very upset because they won't be able to get any serious money.

Dr. **Bourne.** I don't think that statement of their desire for continuing the funding necessarily guarantees that money is spent effectively to decrease drug abuse.

Mr. **Brademas.** Who said it did? Did I make that statement?

Dr. **Bourne.** I wanted to make it clear that just because people feel there is need for money, that does not necessarily mean the money will be spent in the most effective manner.

Mr. **Brademas.** How can you justify that in terms of what you said today to the effect that formula grant programs are better? What is so metaphysically different about that type of money from this money, in terms of effectiveness of programs?

I am just quoting you back at yourself. I am not getting this out of the clouds. What is the difference?

Dr. **Bourne.** We expect that the people who are making the decisions regarding the formula grant money are people working full time in the area of drug abuse, who will be integrating the drug abuse education programs with the total drug abuse prevention effort. We expect that they will be more sophisticated in terms of determining what is effective and what is not, than someone who has a much broader purview and is not necessarily expert in the drug abuse field.

Mr. **Brademas.** I don't understand that what you said is at all at odds with the attitudes of the State education authorities who have written to us. They take the very same view. And Mr. Meeds and I don't quarrel with the proposition that Dr. Nowlis has made, and other witnesses before the subcommittee have stated, that you have to look at drug abuse education in an overall way and not as some isolated phenomena.

Dr. **Bourne.** The State education authorities, working in collaboration with the single State drug abuse agency, will still be able to get funds through the formula grants. If they agree that they want to use some of the funds for those purposes, they will be able to do so.

Mr. **Brademas.** Well, I don't know that we need to establish further bureaucracies in addition to existing ones, but that would seem to be the direction in which your statement moved.

Well, I think of the intentions of this committee and of Congress, as represented in approving this legislation 3 years ago, and I really do think that we knew what we were doing. I think that you have not administered your program in keeping with the intent of Congress, and perhaps that should not be surprising in view of the fact that the administration opposed the legislation and has fought adequate appropriations for it. And even now while the President makes moving statements about the need for drug abuse education, he proposes to kill the program.

So, we shouldn't be surprised that it has not been more effective, because I don't think it has been approached by the administration of President Nixon in good faith, and I don't think he has been honest about it.

I hope you will tell Secretary Weinberger, Dr. LaVor, that before other witnesses come up here, they ought to talk to OMB so the left hand knows what the right hand is saying. And I especially hope you tell them we just want honest testimony, because I think the time is coming when we need integrity in this town, and integrity has been lacking over the last several years right in this administration. That statement certainly has been true with respect to the operation of this program.

Mr. MEEDS. Will you yield?

Mr. BRADEMAS. Be glad to.

Mr. MEEDS. I would like to ask that the "Summary Report on the Evaluation of Drug Education Programs" of the MACRO Systems, Inc., volume 1, be made a part of the record, and that the remainder of the report be made a part of the file.

Mr. BRADEMAS. Without objection, that is so ordered.

[The report referred to follows:]

SUMMARY REPORT ON THE EVALUATION OF DRUG EDUCATION PROGRAMS

As a result of the pressure of events during the past years, drug efforts on national and local levels have been marked with a sense of urgency, a pressing need to respond to public and political demand, and a pressure-cooker environment demanding prompt, forceful, and immediate action. Consequences of this crisis atmosphere and attendant attempts to field educational programs and informational materials quickly, have emerged in terms of diffused objectives and goals, overlapping and duplication of effort, lack of consistent and long-range planning, and difficulty in assessing program effectiveness.

The fact that many Federal agencies have been involved in supporting drug education efforts has contributed to the enormous volume of programs and information disseminated, and to the vast disparity of objectives, content, and techniques employed. State, municipal, and privately supported programs have also proliferated in recent years.

1. DHEW SPENT OVER $155 MILLION OR 40 PERCENT OF THE TOTAL $380 MILLION TOTAL FEDERAL DRUG BUDGET APPROPRIATED THIS YEAR

[illegible] 15 Federal agencies involved in drug programing. DHEW takes a lead[illegible]n providing treatment and rehabilitation, research, and education and [illegible]ervices.

1) *Of the $155 Million, DHEW Spent Over $26 Million for Drug Education or Less Than 10 Percent of the Total Federal Drug Budget.*—While current DHEW drug education programs and materials have had some impact and efficacy, it seems clear that the DHEW drug education effort has grown to the point where an evaluative study concentrating upon assessing present accomplishments and developing action-oriented recommendations would be timely and constructive.

Accordingly, on June 28, 1971, the Office of the Assistant Secretary for Planning and Evaluation, Department of Health Education, and Welfare (OASPE/DHEW) commissioned a study to appraise present drug education programs at the community and national levels and to determine their acceptance and effectiveness on the part of youth and transmitter groups. The overall goals of this evaluation were to assess accomplishments in terms of the impact upon drug use among the nation's youth, and to provide recommendations for DHEW to plan, implement, and evaluate drug education programs more effectively and economically.

(2) *Responsibility for the National Drug Education Effort Was Assumed by DHEW, and Particularly by the National Institute of Mental Health (NIMH) and the Office of Education (OE).*—Within the past three years, NIMH and OE have developed massive programs and materials designed for the youth target population and disseminated them through a wide variety of transmitters. DHEW is currently spending over $26 million, representing nearly 90% of the total Federal funds spent for drug education and training. In addition, this amount constitutes doubling the funds for drug education activities in the prior year.

As a result of the pressure from social and political forces, these two agencies developed within a relatively short time span extensive programs and materials (174 projects in all) designed to serve a wide variety of youth target audiences through an even wider variety of transmitters and transmission channels. Of these 174 projects supported last year, the National Institute of Mental Health supported 44, while the Office of Education was responsible for 130 projects. These projects included, for example, dissemination of materials by the National Clearinghouse, state education agencies programs, college and community-based programs, and the production and distribution of a broad range of printed materials, films, posters, and other media.

2. FOUR MAJOR TASKS WERE DESIGNATED TO BE COMPLETED DURING THE COURSE OF THIS EVALUATION

In order to achieve the overall objectives of this study—the assessment of accomplishments in drug education programs, and to provide realistic recommendations for DHEW—four major lines of inquiry were pursued:

- Catalog current DHEW-supported drug education programs and materials (Task 1).
- Assess the scientific validity and sophistication of DHEW drug education programs (Task 2).
- Determine the impact of drug education in six selected communities: Richmond, Minneapolis, East Harlem in New York City, San Diego, Chicago, and Lubbock, Texas (Task 3).
  - Describe the patterns of drug use.
  - Identify community response to the drug problem.
  - Assess the attitudes of youth and drug education transmitters concerning the adequacy and value of existing drug education in general, and DHEW programs in particular.
  - Approximately 1,300 youth and 168 transmitters in six communities were personally interviewed and willingly responded to a detailed questionnaire. While this sample should not be construed as totally representative of each community or the entire youth population, responses are representative of general trends endemic to this population and currently representative of behavior and attitudes relating to drug issues.
- Survey the attitudes of a national sample of drug education transmitters regarding drug use and the quality of drug education programming (Task 4).

Task 4 was not totally completed and data collected was of limited value since clearance for the use of the detailed questionnaire was not forthcoming from OMB. Information derived from the four tasks described above, the careful analysis of collected data, and the combined impressions of the study team have identified several overriding themes and issues central to current drug education efforts. Some of these are discussed in the following two sections.

3. CURRENT DRUG EDUCATION PROGRAMS HAVE NOT PREVENTED DRUG USE

The study revealed that approximately half of the youth population surveyed admit to using drugs, and that of this group, over 90% have used marijuana. Furthermore, 68% transmitters and 75% of the youth state that drug education programs do not prevent drug use. The unquestioned premise of education in general, and drug education in particular, holds that one can change behavior through information and education. There appears to be at least as much evidence disproving this premise as that supporting it. More importantly, it seems clear that youthful drug users know more about drugs than most transmitters, and prefer to seek further drug information from their peers rather than from authorized sources. Another underlying assumption of current programming is that youth are the objects of drug education and certain selected adults are the rightful, or in some cases, the righteous transmitters of drug education—an assumption clearly rejected by most youth who state that the most effective transmitters are former drug users, or those young people who have had first hand experience with drugs.

It seems evident from this study that perceptions of the dangers of drugs do not necessarily lead to desired behavioral change, and that drug use cannot be explained or predicted by any single set of circumstances. The use of drugs on the part of youth seems to be woven into their total life style, and appears to be intimately related to the adolescent development process. For example, drug use appears to be one way youth are adapting to society. In a drug-taking society many youths choose drugs, especially marijuana, rather than the adult accepted and widely used alcohol. It does not seem likely that efforts to stop this kind of "social" or "light" drug use will meet with significant success.

4. THE PRIMARY OBJECTIVE OF DRUG EDUCATION PROGRAMS REMAINS FIRMLY FOCUSED UPON PREVENTION OF DRUG USE

In the continual evolvement of DHEW drug education programs, the general strategy has remained constant over the past several years: an attempt to prevent drug use among the youth population by varying sets of changing tactics. These approaches have included:

- Appeals to morality and overt preaching.
- Scare tactics emphasizing dangers connected to drug use.
- Presentation of facts based upon scientific studies and research efforts.
- Training educators and other transmitters.
- Mass media campaigns.
- Developing broader and more effective understanding and communication channels with youth.
- Heightening of community awareness of drug problems.
- Provision of "alternatives" to drug use.

All these tactics seek to achieve the chimerical objective of a drug-free society of young people.

These circumstances place DHEW drug education planners and policy-makers in a quandary insofar as determining new directions to pursue in enhancing program effectiveness. Two major options are evident.

(1) *Develop and Implement Programs Which Will More Effectively Achieve Prevention Goals.*—Assuming that the prevention of illegal drug use is a socially positive and reachable goal, DHEW could revise existing programs and materials and develop new programs designed to prevent drug use more effectively. By a closer scrutiny of the characteristics of the target population at risk, varied levels of prevention programming can be brought to bear upon different categories of the target population. The following model is illustrative:

> *General health education.*—for young people in elementary schools, and for the youth population not using drugs. The program thrust should be designed to promote respect for all drugs, including alcohol, tobacco, and therapeutic medicines and their relationship to sound physical health. Curricula, mass media, and printed materials would be the major vehicle.
>
> *Early diagnosis.*—capability would have to be developed throughout the school system and youth serving agencies to identify at the earliest possible age those youth who demonstrate symptoms of drug use. Clearly inherent in this process is a capability to refer individuals to competent agencies for follow-up services.
>
> *Specific prevention programs.*—rap sessions, group and individual counseling, parent and community involvement, recreational, vocational training, psychiatric intervention, and other specifically tailored programs would be required in varying degrees in each community. Programs would be designed furthermore, to prevent escalation of drug use and to limit disabilities of individuals using drugs.
>
> *Treatment and rehabilitation.*—for those individuals addicted or heavily dependent upon drugs, treatment programs or varying modalities would be required.

The above schema illustrates how a theoretical medical model can be implemented. The model requires acceptance of the premise that drug use is debilitating and against the public interest, and that constantly improving programming can reduce drug use significantly.

(2) *Drug Education Programming Should Jettison the Goal of Prevention.*—A major finding supporting the adoption of this option relates to the fact that illegal drug use is endemic among the youth population and that the use of alcohol, tobacco, and mood-altering drugs on the part of adults is also widespread. For example, 42% of the transmitters surveyed stated they use or have used alcohol. From a pragmatic point of view, a strong argument can be made stating that it is not within the capability of DHEW or other drug education sources to reverse this tide. The lessons learned from King Canute seem applicable.

Furthermore, it has not been unequivocably proven that drug use, especially marijuana, is dangerous, destructive, or unhealthy. The generation gap so often alluded to, has as one of its main pillars, adult rejection of marijuana use on the part of youth, while clinging to an easily penetrated hypocritical rationale, for legal alcohol consumption. Telling youth not to smoke marijuana because it is illegal calls the law into question—not marijuana. By concentrating on the prevention of drug use, drug education programs oversimplify the issue and attempt to collapse drug use into one isolated behavioral category.

The results of this study confirm the perception that drug use is complex and that no single set of factors explain or predict this phenomenon. The use of drugs by young people seems to be woven into their total life style which appears to be taking place in a society saturated with many forms of drug-taking. Over 73% of young people state they use drugs for fun, pleasure, or to satisfy curiosity. They are knowledgeable about drugs, aware of consequences, and largely shrug away adult admonitions. In fact, should reason alone prevail, it might be more appropriate for drug knowledgeable youth to be educating ill-informed and fearful adults, rather than the reverse.

In place of prevention as a reachable goal, drug use on the part of youth could be accepted—especially marijuana use. DHEW could abandon drug education as a single issue concept and develop programs more in keeping with current youth development areas involving broader decision-making and problem solving capabilities. Furthermore, programs focused upon clearly debilitating drug use would have a better chance of being accepted. For example, it may be more significant to attempt to reinvigorate the high schools of America, raise the quality of teaching, and provide realistic valuable activities enhancing the self-worth of our young people than to embark upon a failure-ridden quest for a youthful society free from drug use—a proposed idyllic island awash in a sea of alcohol, nicotine, and legally prescribed drug-taking. It could be reasonably anticipated that the "generation gap", and the loss of credibility on the part of many adults could be lessened, and the start of a more cohesive society begun.

It can be anticipated that the selection of this option will be vehemently opposed by clearly discernible forces:

> In a presidential campaign year a radical change of policy is sure to bring about powerful opposition unwilling to enrage what it perceives as its constituency.
>
> A significant and well entrenched adult population stand clearly opposed to illegal drug use. Their values, modes of adaptation, and way of life stand firmly opposed to the acceptance of drug use by youth.
>
> Considerable numbers of people employed in drug education programs, planners, directors, staff, transmitters, counselors, group leaders, and clergy have a vested interest in continuing existing programs; institutions and agencies also have momentum difficult to control. The present situation—inability to fulfill objectives—results in a ubiquitous call for more funds, added staff, and new research efforts to make programs more effective. Acceptance of limited drug use may create unemployment in certain circles.

Despite these and other forms of opposition, it seems clear that this option is becoming more feasible as time goes on. Even prestigious organizations and individuals such as the National Commission on Marijuana, eminent psychiatrists and researchers, some politicians, certain government officials, and a growing number of informed individuals have made clear their opinion that marijuana use, at least, can be accepted without shaking the nation's foundation. Bold action on the part of DHEW may hasten this acceptance and permit drug education programs to confront the real issues affecting today's youth: education, jobs, career options, growth and self-realization, and worthy models for relating to today's society.

5. MAJOR RECOMMENDATIONS HAVE BEEN DEVELOPED FROM THIS STUDY

In light of the overriding themes, issues and options described above, recommendations have been grouped in various categories such as DHEW's overall management, involvement with transmitters, impact upon youth target populations, drug education materials, and technical assistance and research efforts. Furthermore, this organization of recommendations will facilitate their implementation by the various Federal officials and program managers involved.

Some of the principal recommendations include:

DHEW, through the Office of Assistant Secretary for Health and Scientific Affairs (OASHSA), should exercise clear cut authority in developing and implementing basic policy for drug education programs emanating from OE and NIMH.

DHEW, through OASHSA, should develop a five-year comprehensive drug education strategy including mechanisms for planning continuity, implementation tactics, and evaluation criteria developed in conjunction with OASPE.

NIMH and OE should establish guidelines for the selection of appropriate transmitters.

NIMH and OE should expand the recruitment of Black and Spanish speaking transmitters.

DHEW should develop distinct approaches to drug education for two basic youth populations: drug-users and nondrug-users.

DHEW should effectively involve representatives of varied youth groups in the planning of drug education programs and development of materials.

NIMH and OE should make funds available at the community level to develop drug information materials closely tailored to specific local needs and target groups.

DHEW should develop a stronger technical assistance capability to support community programs prior to funding and throughout implementation processes.

These recommendations and others detailed in succeeding chapters can be viewed from two different perspectives:

Recommendations to improve program efficacy in the quest to prevent drug use on the part of youth.

Recommendations designed to begin the difficult process of changing program objectives away from prevention and toward goals more realistically in tune with youthful life styles and aspirations.

Should the first perspective prevail, the recommendations will be useful in modifying and revising key program elements so that programs aimed at achieving prevention may be more sharply honed, more tightly coordinated, and less likely to provoke scorn and derision from the youth target population.

The second perspective, in our judgment, is more likely to yield long-range positive results. Rather than tinker with programs aimed at chimerical goals, the implementation of the recommendations can act to begin to establish realistic program objectives, new program concepts and direction, and a more balanced and participatory relationship between DHEW, transmitters, and youth.

* * * * * * *

This Summary Chapter and the Main Report discuss the overall objectives, procedures, current issues, and salient recommendations.

The Main Report is further organized in seven chapters as follows:

Current Status and Assessment of Scientific Validity and Sophistication of DHEW Drug Education Programs and Materials.
Recommendations on DHEW Overall Management Organization for Drug Education Programs.
Recommendations on DHEW Involvement With Drug Education Transmitters.
Recommendations on DHEW Impact on Youth Target Population.
Recommendations on DHEW Drug Education Materials.
Recommendations on DHEW Drug Education Technical Assistance and Research.
Suggested DHEW Plan of Action.

The remaining three volumes may also be consulted for further detail:

Catalog of DHEW Drug Education Programs and Materials.
Detailed Summary of Project Methodology.
In-Depth Study on Impact of Drug Education in Six Communities.

Mr. BRADEMAS. I always have been asked by our colleagues, Congressman Peyser to put a question to you with respect to your views on H.R. 4976, a bill that would establish a basic grant program allotting $50,000 per State for drug abuse programs, including tobacco and alcohol abuse, and the addition of additional money on the basis of the number of addicts in the States.

Are you familiar with that proposal? If not you can submit in writing any comments you may have, or you may comment when we ask you to come back.

While we agree that there exists a need for innovative responses in the field of drug education, we question whether this legislation represents the best method of addressing the problem. There presently exist sufficient funds to support programs such as those envisioned by H.R. 4976. We would prefer to see drug education viewed as an important aspect of the State plans for drug abuse prevention which are being developed by the States pursuant to Section 409 of Public Law 92-255. It is our belief that at the present time the question of drug education—including alcohol and tobacco—should be addressed as an integral part of an overall response to upgrading our educational efforts in all fields.

Now, I know, Dr. Bourne and Dr. Knowlis, you may feel we have been very rough on you here this morning. But I make no apologies for it because we regard this problem of drug abuse as being a very grave problem in this society and we wrote legislation in good conscience and I do not feel that the administration has approached this matter in good faith and has obeyed the mandate of Congress.

And that we now stand on the edge of extending the legislation and find the administration opposing it, with not, in my view, very much evidence for its position. And I find this very distressing, because this is measure, as I indicated earlier, was not a Democratic bill or a Republican bill but was passed with the support of every Member of the U.S. House of Representatives and the U.S. Senate.

That indicates that the elected representatives were concerned about this measure and I would urge that you go back to Secretary Weinberger and OMB, and say, "maybe we ought to take another look at our position on this matter because we may not be right and may be mistaken.

And I think you ought to talk to Mr. Jaffe about it as well. He is supposed to know something about this subject.

So I am not really interested in making political points. I just want you to do something intelligent and constructive and effective about it—that is all, quit playing politics with the program. We didn't write it that way.

We are recessed subject to the call of the Chair.

[Whereupon, at 12 noon, the committee adjourned, subject to the call of the Chair.]

TO EXTEND THE DRUG ABUSE EDUCATION ACT

MONDAY, JUNE 11, 1973

HOUSE OF REPRESENTATIVES,
SELECT SUBCOMMITTEE ON EDUCATION
OF THE COMMITTEE ON EDUCATION AND LABOR,
Miami, Fla.

The subcommittee met at 9:15 a.m., pursuant to call in the Dade County Commission Chamber, Dade County Court House, 73 West Flagler Street, Miami, Fla., Hon. John Brademas (chairman) presiding.

Members present: Representatives Brademas and Lehman.

Staff members present: Jack Duncan, Counsel; Christina M. Orth, assistant to majority counsel; and Martin L. LaVor, minority legislative associate.

Mr. BRADEMAS. The Select Subcommitee on Education of the Committee on Education and Labor of the House of Representatives will come to order for the purpose of further hearings on H.R. 4715 and related bills, to extend the Drug Abuse Education Act for 3 years.

At the outset the Chair might observe, for the benefit of people in this part of the United States who may not be directly familiar with the legislation under consideration, that we are considering a bill to extend the Drug Abuse Education Act of 1970.

The purpose of this legislation, the Drug Abuse Education Act of 1970, has been, to quote the words of the statute:

> To encourage the development of new and improved curricula on the problems of drug abuse, to demonstrate the use of such curricula in model educational programs, and to evaluate the effectiveness thereof to disseminate curricula materials and significant information for use in educational programs throughout the nation, to provide training programs for teachers, counsellors, law enforcement officials and other public service and community leaders and to offer community education programs for parents and others on drug abuse problems.

The Chair wants to observe at the outset how pleased he is that we are able today to be in the home district of one of the most effective and hardworking members of the Select Education Subcommittee, the able gentleman from Florida and your own Representative in Congress, Congressman William Lehman.

It is in large measure at the request of Mr. Lehman that we find ourselves in Miami today. The Chair is pleased at this time to yield to Mr. Lehman for any comments he may wish to make.

Mr. LEHMAN. Thank you, Mr. Chairman.

First I want to thank the mayor, Mayor Jack Orr, for allowing us to use these chambers for the hearing. He has been cooperative in everything that we have had to bring to this area from Congress, and we want to continue to work on the Federal level with his Metro administration.

I want to also thank the chairman, who I think is one of the really emerging national figures in the House of Representatives. He has taken time from probably the busiest schedule in the whole Congress to come to this area to hold these drug abuse education hearings because this committee that Congressman Brademas heads is not dealing just with drug abuse.

He is also handling legislation in regard to the Older Americans Act, the vocational rehabilitation bill, the arts and humanities bill, which we are going to take to the House floor under his leadership and which is going to provide funds for the third century program in Miami. He has taken the leadership in environmental education and it is his bill that is soon going to be coming up in this committee and dealt with again on the House floor.

What is remarkable, I think, is that despite this varied and large program—and I haven't named half the things he has done—he has taken the time and effort to deal with a specific program in this specific area.

I think we are fortunate to have a man like Mr. Brademas in Congress, and we are fortunate to have Chairman Brademas bring his committee to this area at this time to deal with this very difficult and very stubborn problem to resolve what is an affliction to this area and many other parts of the country.

In the 91st Congress there was a record amount of legislation passed on the floor from his committee than had ever been passed by a single committee during that session of Congress.

Mr. BRADEMAS. I thank my colleague for his very characteristically gracious remarks.

The Chair has also been asked if he would, at this point, take note of of the interest expressed in these hearings by three other outstanding Representatives from the State of Florida, the distinguished chairman of the Select Committee on Crime, Mr. Pepper; the chairman of the House Subcommittee on Inter-American Affairs, Mr. Fascell, and Congressman William Gunter, who has asked permission that there be inserted into the record a statement of his own with respect to the purpose of these hearings.

[The statement referred to follows:]

STATEMENT OF HON BILL GUNTER, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF FLORIDA

Mr. Chairman, I am indeed grateful to you and the members of this Committee for taking the time to hold these hearings in Florida on the Drug Abuse Education Act Extension.

As you know, Florida has many attractive features which draw tourists and new residents to the state in increasing numbers every year. At the same time, those of us from Florida recognize that we have certainly not been spared from the spreading malignancy of drug abuse.

This problem is totally nondiscriminatory. It can invade the lives of any of us no matter where we live or who we are. While the government for years virtually ignored treatment and preventive measures for drug abuse, the appearance of the drug problem in the homes of middle America awakened many in America who were slumbering to the erroneous melody of "it can't happen here." Now we know it can and does happen everywhere in our society.

I am pleased to offer my total support for H.R. 4715. It seems only logical that we must continue in our efforts to attach the root cause of drug abuse through a strong educational effort. Only in this way can we ever begin to reverse the tide that threatens us all.

It is my sincere hope that these hearings in Florida will contribute to the understanding by all of us of the enormous task we face and give us the will to overcome this disease before it engulfs our society. I believe that we can defeat this enemy, and I know from what you are doing here today that you believe it as well.

Our witnesses today are several; Dr. Tom Carroll, the director of the Dade County comprehensive drug programs; Dr. E. L. Whigham, superintendent of schools for Dade County, who is accompanied by Dr. Ben Shephard and Mr. Don Samuels; Mr. Art Barker, director of The Seed; Ms. Shirley Hagan of Miami Dade Junior College South, and Dr. Linton Tyler.

Because we have several witnesses and our time is limited we would appreciate, to the extent possible, if each of the witnesses would summarize his testimony. All of the testimony will be included in its entirety in the record, but if each of you will be kind enough to summarize your testimony it will then be possible for Mr. Lehman and myself to put questions to you.

We are pleased to call as our first witness Dr. L. Thomas Carroll, program director of the Metropolitan Dade County comprehensive drug program, and the director of the Division of Addiction Sciences of the University of Miami School of Medicine. Dr. Carroll, we are pleased to hear from you.

STATEMENT OF L. THOMAS CARROLL, PH. D., PROGRAM DIRECTOR, METROPOLITAN DADE COUNTY COMPREHENSIVE DRUG PROGRAM, AND DIRECTOR, DIVISION OF ADDICTION SCIENCES, UNIVERSITY OF MIAMI SCHOOL OF MEDICINE

Dr. CARROLL. Thank you, Chairman Brademas, Congressman Lehman, ladies and gentlemen.

I want to thank the committee today for the opportunity of being here and sharing with you some of my thoughts and feelings on the substance abuse problems, particularly those arising in the programs of education and prevention.

Our program consists of two major entities that integrate administratively components of treatment, research, and training both in clinical skills and education and prevention.

The first of these segments is the Dade County comprehensive drug program. Through a combination of its own service components and contractual relationships with all of the major licensed drug programs in Miami and Dade County, a complete program of care is offered for all drug dependents.

This includes 24 hours a day, 7 days a week emergency services, a central intake service through which all substance abusers needing assistance can pass, be rapidly assessed and put in a treatment program if they need it, a 10-bed inpatient detoxification unit, intermediate care consisting of day and evening care programs that provide individual counseling, group psychotherapy, and family counseling, outpatient services which include outpatient detoxification, chemotherapy, individual and group psychotherapy, and vocational and educational placement.

Funds for the support of those components of the comprehensive program are obtained from the National Institute of Mental Health and supporting State and local funds.

The second major entity of our substance abuse program is the division of addiction sciences in the University of Miami School of Medicine. The organizational charts which I have included in a compendium which I have given you will show the comprehensive drug program and its relationship to its affiliates and the division of addiction sciences.

The division has been designed to generate and centralize a new interdisciplinary approach to understanding the substance abuse problem. It is hoped that the integration of talented professionals from medicine, education, and the social and behavioral sciences will enable our division to develop more effective models of prevention, rehabilitation, evaluation, control, and training.

The Miami area in particular lends itself to such endeavors because it contains a variety of cultural and ethnic groups: Cuban, Puerto Rican, Mexican, American, white and black. These groups include a complete range of socioeconomic backgrounds and provide a unique natural laboratory for education and clinical research investigations and demonstration projects.

I might also add that Miami is one of the few large cities in the country with a population of approximately 1,500,000 people and where the drug problem is still potentially manageable, as compared, for example, to larger cities like Chicago and New York, where the drug problem has reached such crisis proportions that one wonders how it ever will be managed.

One of the most exciting and to me worthwhile components of the Division of Addiction Sciences is the U.S. Office of Education's Regional Training and Support Center. One of the seven Regional Training Centers in the United States, our center serves seven Southern States, Puerto Rico, and the Virgin Islands.

As you know, under this program interdisciplinary community teams receive "minigrants" which enable them to come to the Regional Center for training. This training phase is followed by a continuing technical assistance program to each community team which assists them in implementing the plan, their unique individual plan for their community.

I am of the opinion that training programs such as those provided by the Center are of critical importance. They provide one of the few viable hopes that we have for correcting the deficiencies of the drug education and prevention programs around the country that have failed.

I might add that the ones we now have ongoing in Miami have not. But many of the drug programs around the country have failed and will continue to fail because they are poorly designed, poorly focused, and, in many cases, they are completely irrelevant.

Evaluations of drug education programs by Macro Systems, Inc., and the University of Michigan's Behavior Change Laboratories and others have indicated that many drug education programs do not prevent drug abuse and indeed in some poorly designed programs may even encourage it.

I further believe, however, that drug education continues to be a must and should occupy our time as one of the highest priorities that we have. It should involve both the parents and children.

It is readily apparent that if we have only a limited number of dollars to spend, such money could be most effectively spent if we use it to develop programs that interact with our children before they use drugs, or even when they begin to experiment or use them socially rather than when they arrive at the opposite end of the scale and become dysfunctional and drug dependent.

Well designed education and prevention programs then must be relevant to helping aid the student to develop an understanding and ability to cope with contemporary life, but must also aid him in acquiring meaningful alternatives to substance abuse.

The training of groups that can provide an interface between the schools and the community would appear to offer at least a partial solution to this problem. During the past year the Miami Regional Training Center has trained a total of 110 community minigrant teams and 15 special teams from Florida, Arkansas, Mississippi, South Carolina, North Carolina, Alabama, Georgia, and the territories of the Virgin Islands and Puerto Rico.

In addition to this training load, approximately 12,000 persons have been trained by staff member in cooperation with graduates in their home communities. Twelve thousand persons is a lot of people to train.

Over 468 days of consultation has been delivered to local communities under the direction of the field unit of the project.

Direct program assistance including workshops design, proposal writing and evaluation, staff recruitment and training has been delivered by the Center staff to 84 communities and 18 State agencies.

The Center has developed close working relationships with the State drug abuse coordinator and the State education coordinator in all seven States and two territories in this region.

During the next 6 months the Center will train 85 county coordinators for the State of Florida. On a local level we have trained a total of 250 drug abuse coordinators from Dade County schools. I should point out that this has been accomplished by the staff on their own personal time as a service to the county.

Recently the Governor of South Carolina, at the Governor's Conference on Drug Abuse, cited the Center and the teams it had trained as one of the State's most significant resources.

It is apparent that our Center has played a vital role in providing training within their region. Unfortunately, funds for the Training Center have not been provided within the budget of the U.S. Office of Education beyond the 1973–74 fiscal year. It would appear that the continued provision of such funds for the U.S. Office of Education in this regard should be one of our highest priorities.

That concludes my statement. I hold myself responsive to your questions.

Mr. BRADEMAS. Thank you very much, Dr. Carroll, for a most thoughtfully prepared and illuminating statement. Let me ask you several questions.

You made reference in your statement to a program of 250 trained drug abuse coordinators who work in the Dade County schools. Am I correct?

Dr. CARROLL. That is correct.

Mr. BRADEMAS. What is the job of a drug abuse coordiator and where did you get the money to train them?

Dr. CARROLL. As I pointed out in my statement, these coordinators were trained by our staff at the regional training center on their own time. We had no funds to train them. Our staff, on their own free time donated their time over a 3-day period to train these coordinators. This was with the cooperation of Mr. Whigham, Dr. Shephard, and Mr. Samuels, who are quite familiar with the program and will be talking about it this morning.

Basically the drug abuse coordinator is a person who works in the school system with our youngsters. It is my opinion that in order to have coordinators that are effective they must receive the kind of training which we are providing at the training center.

Mr. BRADEMAS. Are those people full-time school teachers or counselors? Who are they?

Dr. CARROLL. Some of them are full-time school teachers, some are counselors. Again, I think I would let Mr. Samuels address himself to that.

Mr. BRADEMAS. Could you spell out a little more clearly the source of funding for your participants at the regional training center to which you made reference?

Dr. CARROLL. The source of our funding comes from the U.S. Office of Education and is primarily derived from the benefits provided by your bill. We are very much concerned, as I mentioned in my statement, that the funds have not been provided beyond the 1973-74 fiscal year.

I might state that our center has developed sufficient expertise and sufficient acclaim throughout the southern region that we could, if necessary, go private and continue to exist and we could continue to be supported in part by the States themselves. They are that much interested in having us continue.

But more broadly, beyond this scope, and speaking for the other seven regional training centers in the United States, I think it is unfortunate if they cannot continue to exist as entities in the same light.

Mr. BRADEMAS. Do I take it from that statement that you would favor the legislation to extend the Drug Abuse Education Act?

Dr. CARROLL. I would definitely favor such legislation. I think what is needed is not only a continuation in this regard, but also additional moneys available for a different kind of evaluation than has been done in the past.

Mr. BRADEMAS. What do you mean by that?

Dr. CARROLL. I think that what we need is not only the national kind of evaluation which has been handled, as you know, by the Shelley Co. I think this has provided some insights. I think we can do better. I think we can look at the regional training centers as separate entities in themselves, responsible to the regions around the United States and their regional problems.

For example, the southern region is a unique region and the kind of program that would do well in the southern region would not do well in the western region or the regions around, say, New York City.

I think we have got to look at this as an individual kind of entity. I think we have got to look at curriculum that has been developed for these particular kinds of regions, these regions as entities in themselves, and I think we need to develop inhouse kinds of evaluation programs which have not been provided for at this point by the U.S. Office of Education to continue analysis and feedback.

Mr. Brademas. Are you satisfied that we have done a good job, or we have not yet done a good job, in developing curricula for teaching about the dangers of abuse of drugs in our elementary and secondary schools?

Dr. Carroll. I think considerable good curriculums exists around the country. As you know, the Macro system study found there was a good deal of excellent curriculums developed. Where most of us feel down, however, was in proper dissemination to the target population, or, one might also say, an abuse of the kind of information which was disseminated to the population for which it was not suited.

In other words, you cannot use target populations such as the Puerto Rican population or Spanish population and use curriculums which have been developed upon an Anglicized middle-class environment. You can't go into east Harlem and use the same kind of curriculums you would develop in this kind of framework.

Mr. Brademas. Does the State of Florida provide State moneys to your public elementary and secondary schools for drug abuse education?

Dr. Carroll. Yes, they do, sir, but in terms of the amount I would prefer to let Mr. Whigham, Dr. Shephard, and Mr. Samuels answer that.

Mr. Brademas. What do you, as a professional, regard as the principal problems in mounting effective drug abuse education programs in the schools? Is it teacher training; is it development of effective curriculums; is it more effective procedures of evaluation; what do you think are the biggest headaches?

Dr. Carroll. I am afraid, sir, it is all of these. I don't know exactly where to put the onus. We have a tremendously complex problem. We need to put people full time into these programs. I think it makes no sense to have a part-time teacher that is so busy teaching classes that he actually does not have time to do the proper job in counseling students that have substance abuse problems.

We, I think, have made a significant step forward here in the Dade County schools by the schools beginning to handle their own problems within their own individual schools rather than parceling them out to other areas for rehabilitation.

I think we need to evaluate what we are doing so that we can determine which errors we have made, where we have been successful, and begin to more tightly focus rather than to just expend our moneys in a shotgun fashion over a period of time.

Mr. Brademas. Your statement has been most helpful. I want to state to you I have been among those who have been very critical of the Nixon administration, which I recall, in 1970 opposed enactment by Congress of this legislation and then fought adequate appropriations for it.

And even now in testimony heard by our subcommittee last week, this administration opposes extension of this legislation, while at the same time the President and his associates issue statements telling us how important education is in coping with the problem of drug abuse in the United States.

I am now less interested in rhetoric than I am in the budget.

Thank you very much, Dr. Carroll.

Mr. Lehman.

Mr. LEHMAN. Thank you, Mr. Chairman.

Thank you, Dr. Carroll, for your testimony.

One of the things this committee has to do besides create the legislation is to oversee how this legislation is administered. You mentioned something is regard to drug education programs that have been misused and perhaps even counterproductive. What would you advise this committee to do in order to see that if this bill is passed and this legislation extended, the misuse of these kinds of programs would be prevented?

Dr. CARROLL. One of the things I think would be most productive is to begin to evaluate what we do. We have a lot of dedicated people that have a lot of good ideas and have tried to implement them, sometimes with insufficient funds.

I think we need to begin zeroing in on the target populations we are aiming at and determine the kinds of effect we are having. We will find, as we have in our rehabilitation programs, that some are good and some are indifferent and some are bad.

We should eliminate the bad, play down the indifference, and maximize the good.

Mr. LEHMAN. How do you prevent self-evaluation?

Dr. CARROLL. I think you need a combination of an in-house evaluation and I think you need properly trained people to do this because it does take a considerable amount of expertise and training.

But, since people who are in-house are very often honestly convinced of the rightness of their method, I think you need an outside evaluation to come in and look at the same variables in a different way.

Mr. LEHMAN. So that this committee could be sure that the programs were being administered in accordance with the intent of the legislation.

Dr. CARROLL. Yes, sir.

Mr. LEHMAN. What portion of your program deals with what I think is probably the most dangerous drug of all, alcohol?

Mr. CARROLL. Unfortunately, not a great deal at this point because, as you know, the national strategy has been focused upon heroin addiction. Of course, there are at this time in the country probably more hard core amphetamine users and barbiturate users than there are heroin addicts.

As you also know, probably 1 out of 7 alcoholics gets treated, and if you want to include the problem drinkers, only 1 out of 11. We need more funds in this area, but this year there has been no additional money coming through the National Institutes of Health in this regard.

Mr. LEHMAN. Thank you very much.

Mr. BRADEMAS. Dr. Carroll, just a couple of other questions.

Have you had any word from the Department of HEW with respect to funding for your program? Are you going to be cut off? Just what is going to happen?

Dr. CARROLL. The situaiton is very much up for grabs at this point, Mr. Chairman. Our understanding is that the national strategy would be to put the educational training center—I presume this is what you are addressing yourself to—under NIMH. This is the plan, and perhaps NIMH will continue funding us either as an integrated entity or perhaps separately.

I guess my feeling is that it more properly belongs, if it can be maintained, within the Office of Education because I think they perform a valuable service from their particular philosophy and point of view.

I think NIMH perhaps more rightly should be interested, as they are, in training people for clinical skills. If it is borne under NIMH, then I think they should continue to remain as two separate entities.

Mr. **Brademas.** You may be interested to know that when drug abuse education—as it was euphemistically described—was carried out before the passage of the act, it was under NIMH. And we learned that less than $1 million was earmarked for programs that could, be any stretch of the imagination, be called drug abuse education.

On inquiry we learned that the more accurate description of these programs was information which, as you know, is not the same as education. But very little activity was evident in the school system which was the system where we were concerned with making an impact.

You are perhaps aware also that under the so-called national "strategy" of the administration for dealing with drugs, discretionary authority is supposed to be vested in the States for determining how they will spend certain moneys for combating drugs.

I wonder if you think that the schools will receive any substantial amount of money were it to become available through discretionary programs as distinguished from the targeted Drug Abuse Education Act?

Dr. **Carroll.** I am sure that they would receive some funds, depending, of course, upon the interest of the particular State office the individual school districts were related to. I would always hope that there would be room for separate additional funds for innovative experimental approaches in given areas.

I would hope that it would have a combination of both of these, not only to protect the innovative creative approach which is sometimes rather difficult to find funds for, and State organizations which, on occasion, tend to be more traditionally oriented, but I also do believe the State education agencies should have control and make some decisions over these funds.

Mr. **Brademas.** Again, Dr. Carroll, thank you very much for your most valuable testimony. Your entire statement will be inserted in the record.

[The document referred to follows:]

Testimony Presented by L. Thomas Carroll, Ph.D., Program Director, Metropolitan Dade County Comprehensive Drug Program and Director, Division of Addiction Sciences, University of Miami School of Medicine

I want to thank the Committee for the opportunity of being here today and sharing with you some of my thoughts and feelings about the problems of substance abuse including those arising in programs of education and prevention.

Our program consists of two major entities that integrate administratively components of treatment, research and training in clinical skills and education and prevention.

The first of these is the Dade County Comprehensive Drug Program. Through a combination of its service components and contractual relationships with all of the major licensed drug programs in Miami and Dade County, a complete program of care is offered for all drug dependents. This includes:

(1) Emergency Services: 24 hour, seven days a week emergency services providing immediate diagnosis and care for any person addicted or dependent on drugs who is in need of services.

(2) Central Intake Service: All substance abusers requesting assistance pass through this component for diagnostic assessment and rapid assignment to one of the rehabilitative programs for such persons in the Dade County area.

(3) Inpatient: A 10-bed unit provides patients with medical care and detoxification, individual and group psychotherapy, vocational counseling, and release planning.

(4) Intermediate Care: These facilities provide day and evening care programs which include individual counseling, group psychotherapy, and family counseling.

(5) Outpatient Services: Includes outpatient detoxification, chemotherapy, individual and group psychotherapy, vocational and educational counseling and placement.

Funds for support of the above components of the Comprehensive Drug Program are obtained from a National Institute of Mental Health Staffing Grant and supporting state and local funds.

The second major entity of our substance abuse program is the Division of Addiction Sciences in the University of Miami School of Medicine. Organization charts I and II depict the close working relationship of the Comprehensive Drug Program, its affiliates, and the Division.

The Division has been designed to generate and centralize a new interdisciplinary approach to understanding the substance abuse problem. It is hoped that the integration of talented professionals from medicine, education, and the social and behavioral sciences will enable the Division to develop more effective models of prevention, rehabilitation, evaluation control and training.

The Miami area lends itself to such endeavors since it contains a variety of cultural and ethnic groups; Cuban, Puerto Rican, Mexican, American, White and Black. These groups include a complete range of socio-economic backgrounds and provide a unique natural laboratory for educational and clinical research investigations and demonstrtion projects.

One of the most exciting and to me worthwhile components of the Division of Addiction Sciences is the U.S. Office of Education's Regional Support Center. One of seven Regional Training Centers in the United States, our Center serves seven southern states, Puerto Rico and the Virgin Islands. As you know, under this program interdisciplinary teams receive "minigrants" which enable them to come to the Regional Center for training. This phase is followed by a continuing technical assistance program to each community team to assist them in implementing the plan for their community. I am of the opinion that training programs such as those provided by our Center are of critical importance. They provide one of few viable hopes for correcting the deficiencies of the drug education and prevention programs around the country that have failed and will continue to fail because they are poorly designed, poorly focused, and in many cases irrelevant. Evaluations of drug education programs by Macro Systems, Inc., the University of Michigan's Behavior Change Laboratories, and others have indicated that many drug education programs do not prevent drug use and indeed in some poorly designed programs may even encourage it.

I further believe, however, that drug education continues to be a must and should occupy one of our highest priorities. It should involve both parents and children. It is readily apparent that if we have only a limited number of dollars, such money can be most effectively spent if we use it to develop programs that interact with our children before they use drugs, or even when they begin to experiment or use them socially rather than when they arrive at the opposite end of the scale and become dysfunctional and drug dependent.

Well designed education and prevention programs, however, must not only be relevant to developing an understanding and ability to cope with the everyday problems of interpersonal and intrapersonal relationships and contemporary life, but must also aid the student in acquiring meaningful alternatives to substance abuse.

The training of groups that can provide an interface between the schools and the community would appear to offer at least a partial solution to this problem. During the past year the Miami Regional Training Center has:

(a) Trained a total of 110 minigrant teams and 15 special teams from Florida, Arkansas, Mississippi, South Carolina, North Carolina, Alabama, Georgia, the Virgin Islands, and Puerto Rico.

(b) In addition to this training load, approximately 12,000 persons have been trained by staff members in cooperation with graduates in their home communities.

(c) Over 468 days of consultation has been delivered to local communities under the direction of the Field Unit of the Project.

(d) Direct program assistance including workshops design, proposal writing and evaluation, staff recruitment and training has been delivered by the Center staff to 84 communities and 18 state agencies.

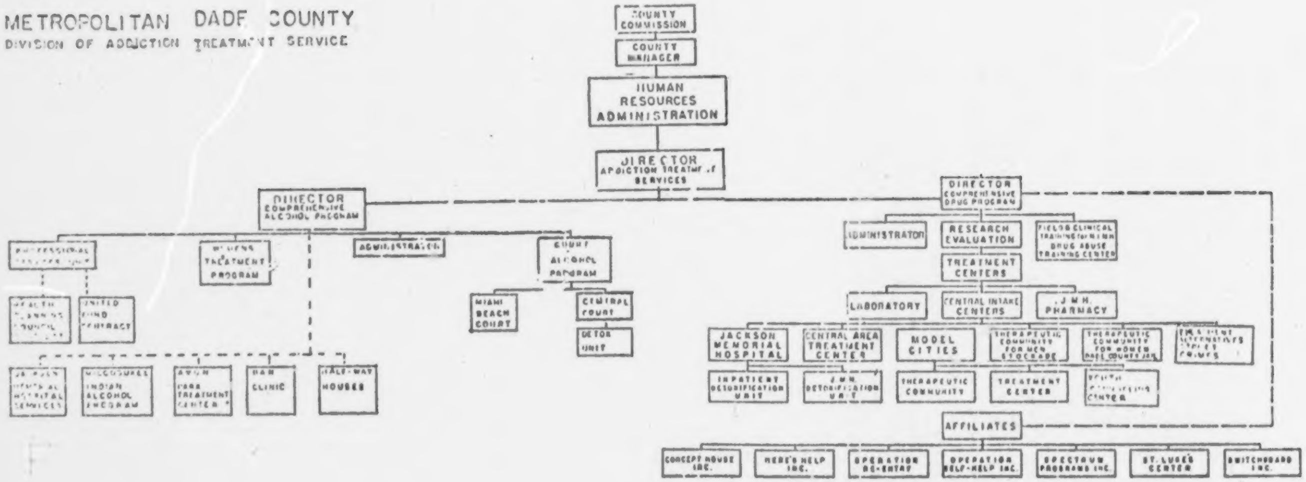
(e) The Center has developed close working relationships with the state drug abuse coordinator and the state education coordinator in all seven states and two territories of the Region.

(f) During the next six months we will train 85 county coordinators for the State of Florida. We already have trained a total of 250 drug abuse coordinators from Dade County schools. I should point out that this has been accomplished by the staff on their own personal time as a service to their community.

(g) Recently the Governor of South Carolina, at the Governor's Conference on Drug Abuse, cited the Center and the teams it had trained as one of the States most significant resources.

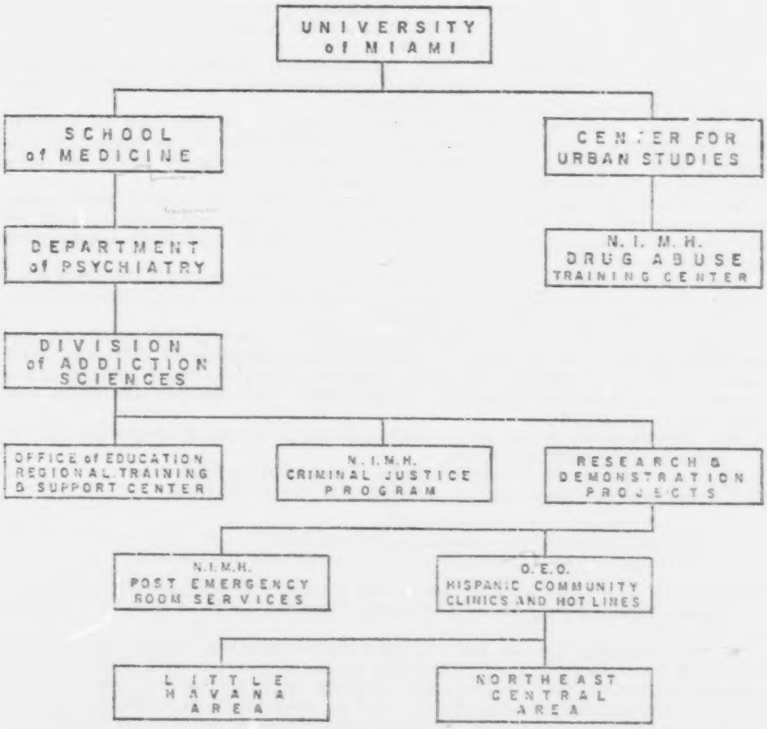
It is apparent that our Center has played a vital role in providing training within their region. Unfortunately, funds for the Training Center have not been provided within the budget of the U.S. Office of Education beyond the 1973–1974 fiscal year. It would appear that the continued provision of such funds for the U.S. Office of Education should be one of our highest priorities.

ORGANIZATIONAL CHART I


METROPOLITAN DADE COUNTY
DIVISION OF ADDICTION TREATMENT SERVICE
COUNTY COMMISSION
COUNTY MANAGER
HUMAN RESOURCES ADMINISTRATION
DIRECTOR ADDICTION TREATMENT SERVICES
DIRECTOR COMPREHENSIVE ALCOHOL PROGRAM
PROFESSIONAL SERVICES UNIT
WOMENS TREATMENT PROGRAM
ADMINISTRATION
COURT ALCOHOL PROGRAM
HEALTH PLANNING COUNCIL
UNITED FUND CONTRACT
MIAMI BEACH COURT
CENTRAL COURT
DETOX UNIT
JACKSON MEMORIAL HOSPITAL SERVICES
MICCOSUKEE INDIAN ALCOHOL PROGRAM
AVON PARK TREATMENT CENTER
DAN CLINIC
HALF-WAY HOUSES
DIRECTOR COMPREHENSIVE DRUG PROGRAM
ADMINISTRATOR
RESEARCH EVALUATION
FIELD & CLINICAL TRAINING DRUG ABUSE TRAINING CENTER
TREATMENT CENTERS
LABORATORY
CENTRAL INTAKE CENTERS
J.M.H. PHARMACY
JACKSON MEMORIAL HOSPITAL
CENTRAL AREA TREATMENT CENTER
MODEL CITIES
THERAPEUTIC COMMUNITY FOR MEN STOCKADE
THERAPEUTIC COMMUNITY FOR WOMEN DADE COUNTY JAIL
TREATMENT ALTERNATIVES
INPATIENT DETOXIFICATION UNIT
J.M.H. DETOXIFICATION UNIT
THERAPEUTIC COMMUNITY
TREATMENT CENTER
CENTER
AFFILIATES
CONCEPT HOUSE INC.
HERE'S HELP INC.
OPERATION RE-ENTRY
OPERATION SELF-HELP INC.
SPECTRUM PROGRAMS INC.
ST. LUKE'S CENTER
SWITCHBOARD INC.

ORGANIZATIONAL CHART II

UNIVERSITY of MIAMI


UNIVERSITY of MIAMI
SCHOOL of MEDICINE
CENTER FOR URBAN STUDIES
DEPARTMENT of PSYCHIATRY
N. I. M. H. DRUG ABUSE TRAINING CENTER
DIVISION of ADDICTION SCIENCES
OFFICE of EDUCATION REGIONAL TRAINING & SUPPORT CENTER
N. I. M. H. CRIMINAL JUSTICE PROGRAM
RESEARCH & DEMONSTRATION PROJECTS
N.I.M.H. POST EMERGENCY ROOM SERVICES
O.E.O. HISPANIC COMMUNITY CLINICS AND HOT LINES
LITTLE HAVANA AREA
NORTHEAST CENTRAL AREA

DIVISION OF ADDICTION SCIENCES UNIVERSITY OF MIAMI

APPENDIX I—SOUTHEAST REGION TRAINING AND RESOURCE CENTER: REGION IV

The following is a first year status report on the U.S. Office of Education Regional Training Center. It is offered as a summary of the major tasks and accomplishments of the center as of June 1, 1973.

The original guidelines for this project contained a number of mandates which are listed below. This list will form the outline for the bulk of the report.

During the first year of the program the center shall:

1. Recruit and develop program and supportive staff.
2. Provide training for approximately 110 community teams.
3. Provide technical assistance and field support to graduates of the center.
4. Coordinate the activities of the center with those of interested state agencies throughout the region.
5. Develop a complimentary relationship with NIMH Training Center where co-located (Miami has both).

Performance to date

1. *Staff Development.*—The center has recruited and trained an inter-disciplinary team of 20 training, field, and support personnel. A variety of special and on the job training experiences have brought the staff to a high level of professional competence and inter-dependance.

A committee of peers from other O.E. training centers as well as O.E. personnel recently audited the Miami center and cited the staff for an unusually high level of professional competence as well as outstanding progress in the area of program development.

2. *Training Activities.*—A total of 110 mini-grant teams and 15 special teams involving more than 800 persons have completed programs at the center. At its present stage of development, the training model requires a total of 130 hours of study during each 13 day cycle.

In addition to this training load, approximately 12,000 persons have been trained by staff members in cooperation with graduates of the center who have developed programs in their home communities.

3. *Technical Assistance.*—Over 468 days of consultation has been delivered to local communities under the direction of the Field Unit of the project. A consultant pool of 92 persons having a wide range of program skills has been developed and is being utilized in assisting teams.

In addition to consultation, direct program assistance ranging from workshop design and delivery through proposal writing and evaluation to staff recruitment and training has been delivered by the Center staff to 84 communities plus 18 state agencies.

The field unit has developed close working relationships with the state drug abuse coordinator and the state education coordinator in all seven states and two territories of the region. (See attachment)

4. *Coordination Activities.*—The Center hosted a four-day informational and planning meeting for purposes of facilitating coordination of efforts of state agencies with responsibility for drug programing and the Drug Education Coordinator in the State Department of Education. This meeting addressed four basic common concerns:

1. the effectiveness of the past year's training program as perceived by the state agencies and the Center,
2. the Center's philosophy about training and technical assistance,
3. the concerns and needs of the individual state in specific areas:
   - A. relations with returning teams,
   - B. implications of the various state plans, and
   - C. the nature of the technical assistance delivery system, and
4. means by which the training center can integrate response to these concerns into a training program and technical assistance delivery system of highest quality.

It was generally agreed that the first year's training reflects the Center's becoming more adept at quality training as the process evolved. This was supported by the fact that the final five training cycles in the last year reflected quality training. However, insufficient data on the roles of state officials severely limited the effectiveness of most of these teams. Immediate steps are being taken to rectify this situation. In the future a strong component of each team's training will be a careful examination of that team's state plan and the roles of relevant state officials.

Another finding was that returning teams enjoyed only limited access to local decision maker and opinion leaders. The team's access to local and state elected officials, law enforcement officials, and members of the judiciary was found to be virtually nonexistent. It was agreed that state agencies would begin to act as "re-entry" intermediaries in order to assure the teams a more responsible and productive role in the community. State agencies further agreed to aid in pre-training orientation and pre-training site visits when indicated.

It was further agreed to continue the state meetings. These meetings bring together mini-grant team members, state officials, and center personnel for purposes of sharing experiences and expertise and providing a forum through which local communities can make input for state plans and programs.

Perhaps the most significant finding was the agreement of the State officials on the value of the services rendered by the Center. They expressed this conclusion in terms of the importance of the Center and the mini-grant teams in the states' efforts to address their current mandate on drug abuse programming. (See letters)

5. *Evaluation Instruments and Techniques.*—Evaluation instruments and techniques have been developed for post testing and pre-testing of each cycle. A battery of instruments have also been developed for monitoring team progress beyond training.

Periodic review of data from both sources has led to systematic development of the training model. A journal has been kept from cycle 1 to cycle 13 and it documents substantial response to feedback. Major changes in content, process and program objectives have occurred during the first year of experience.

At a recent conference of data specialists from all O. E. Centers, the Miami Center was cited for having the most extensively developed and comprehensive information system in the country.

6. *Relationship with NIMH Center.*—After establishing its own identity, the Center has developed a relationship with the NIMH Training Center housed in the center for Urban Studies. Faculty members are shared between centers and there is some exchange of equipment and resource material. The center directors meet monthly to coordinate planning.

This will be increasingly important during the coming year as NIMH becomes the lead agency for training in the United States. Members of NIMH Administrative and review committees have visited the center during the past six months and we have received considerable positive feedback.

In addition to these mandated activities the center has a number of additional accomplishments which are briefly mentioned below.

(1) The center has developed a special network of minority consultants to assist in responding to the particular concerns of minorities. In this same vein, we have developed some specialized training activities for responding to minority persons. These activities are receiving some national attention which could lead to broader utilization. (See attachment.)

(2) A number of special training programs have been developed by the center.

A total of 250 drug abuse coordinators from Dade County Schools were being trained in five, 3-day cycles. This is being done by the staff on their personal time as a service to Dade County. (See attachment)

On April 23–27, the Center offered a special 5-daya cycle for professionals in the field of Prevention and Education. This session was limited to 50 persons and the enrollment was full within two days of its announcement. (See attachment.)

The Center has also agreed to train 85 county coordinators for the State of Florida during the next 6 months.

We have conducted a training program for Georgia's higher education training team. This group consists of professors and department chairman involved in health education teacher training in the state of Georgia. This program was very well received and a number of the participants have asked for training internships at the Center during the coming year.

The training model and techniques developed by the center are receiving widespread attention and we have requests for training internships from Iowa, Indiana, Ohio, Pennsylvaia, Virginia and New York City. In addition to interest from outside the region, a number of the state coordinators inside the region have requested similar opportunities.

(3) Other Activities:

SREB, the Southern Regional Education Board, has Center personnel serving on both the Drug Education task force and the Minority Education task force.

The Governor of South Carolina, at the Governor's Conference on Drug Abuse, cited the Center and the South Carolina teams as one of the States most significant resources.

At the Governor's Conference on Education in Georgia, the Center has been asked to provide a ½ day session on educational models and educational change.

For the first time in it's 5-year history, the National Methadone Conference included the subject of "prevention" on its agenda and selected the Miami Center to make the entire 1½ hour presentation. The new models outlined by the center were very well received and we have had requests for follow-up assistance from all over the country.

The Center presented the keynote address at the introduction of Florida's new Health Education program introduced last fall.

The Center has trained a team of Youth Relations Specialists for the Florida State Health and Rehabilitation Services Department.

The Center has developed and published a substantial array of original resource material that is widely circulated both inside and outside the region.

LETTERS OF RESPONSE—STATE DRUG AUTHORITY COORDINATION MEETING—MAY 21–24, 1973

GEORGIA DEPARTMENT OF HUMAN RESOURCES,
Atlanta, Ga., May 29, 1973.

Mr. H. STEPHEN GLENN,
Addiction Sciences Division, USOE Regional Training Center, University of Miami, School of Medicine, Miami, Fla.

DEAR MR. GLENN: The meeting I attended at your Center on Monday, May 21, 1973 was enjoyable and most informative.

Having been one of your most vocal critics based on our experience with the returning mini-grants, I must say I was impressed with the evolutionary progress of the program.

I feel as a Single State Agency representative, that technical assistance from your training center to a training team responsible for the several communities involved in Georgia would meet a greater pay-off as related to the performance of the mini-teams in the field. The Single State Agency training team would be more aware of local sensitivities and would be more able to respond to the primary needs of the teams.

I will be anxious to work with you in developing this mode of delivery if it is feasible within the constraints of your grant.

Thank you again for the opportunity of visiting your training center.

Sincerely,

ROBERT B. CLEVELAND,
Acting Director.

SOUTH CAROLINA COMMISSION ON ALCOHOLISM,
Greenville, S.C., June 1, 1973.

Mr. STEVE GLENN,
Office of Education, Addiction Science Division, USOE Regional Training Center, University of Miami, Miami, Fla.

DEAR STEVE: You and your staff are to be commended on the idea which resulted in last week's meeting. The three days which I spent with you were significant to me in providing insights into your goals and methodology. As a result of this and your planned meetings with state authorities, I believe that many of the difficulties which have existed will be eliminated.

South Carolina is in an organizational state such that the establishment of reasonable communication vehicles will enable the utilization of you and your staff in a productive fashion that theretofore has been impossible. As I indicated in the individual meetings, the solution to that communication problem is at least twofold. You must establish your routine contact in this state and then the state agencies, perhaps with your assistance, must develop a communication system which will allow everyone to know of your intended activities in South Carolina.

Thank you for your hospitality while in Miami. The hotel may be old and musty if the rugs are walked upon too heavily, but I found the staff and the atmosphere of the school fresh and dynamic whether walked upon or not.

Sincerely,

S. EUGENE HALL,
Project Administrator.

Southeast Regional Training Center Cumulative Record of Consultant Days for Purposes of Technical Assistance (etc.)

	Days
June–1972:	
Florida	8
Total	8
July–1972:	
Arkansas	4
North Carolina	10
Florida	9
South Carolina	7
Total	30

August–1972:	
North Carolina	14
Alabama	6
Arkansas	4
Florida	7
Georgia	9
South Carolina	7
Mississippi	3
San Antonio, Tex	12
Total	62
September–1972:	
Florida	3
Arkansas	1
Mississippi	7
South Carolina	6
North Carolina	2
Alabama	2
Georgia	1
Total	22
October–1972:	
Florida	5
Georgia	6
North Carolina	21
Total	22
November–1972:	
South Carolina	5
Georgia	4
Florida	3
Alabama	3
North Carolina	9
Mississippi	1
Total	25
December–1972:	
Arkansas	2
Florida	1
South Carolina	12
Mississippi	1
Alabama	1
Total	17
January–1973:	
Florida	6
Puerto Rico and Virgin Islands	8
Georgia	2
North Carolina	2
South Carolina	6
Total	25
February–1973:	
Alabama	6
North Carolina	17
Mississippi	6
South Carolina	19
Florida	3
Georgia	4
Arkansas	4
Minnesota	2
Total	61
March–1973:	
Florida	6
South Carolina	9
New York	2
Virgin Islands	2
Alabama	2
North Carolina	17

Arkansas	1
Mississippi	2
Georgia	10
San Antonio, Tex	2
Total	53
April–1973:	
Mississippi	4
Virgin Islands	11
South Carolina	4
Arkansas	3
North Carolina	7
Georgia	2
St. Louis, Mo	4
Florida	25
Total	60
May–1973:	
North Carolina	6
Georgia	2
Florida	1
Total Southeast Region (Coordinators and Drug Abuse Authorities Workshop)	20
Total	29

Consultant Days Rendered to Each State

	Days
Alabama	20
Florida	77
Mississippi	24
South Carolina	74
Virgin Islands	16
San Antonio	14
New York	2
Arkansas	19
Georgia	40
North Carolina	105
Puerto Rico	6
NIMH	10
Minnesota	2
St. Louis, Mo	4
Minority response	35
Training for regional coordinators and drug abuse authority directors	20
Cumulative Total of Consultant days Rendered by the Southeast Regional Training Center for the year June 1, 1972 to June 1, 1973	468

REPORT—SPECIAL WORKSHOP HELD WITH THE DADE COUNTY SCHOOL DRUG COORDINATORS, MARCH 26–APRIL 13, 1973, AT THE SOUTHEAST REGIONAL TRAINING CENTER

As of March, 1973, Dade County only had two teams which had been trained at the Southeast Regional Training Center. It came to the attention of the Center that the school coordinators for drug education in the county needed some specialized training and that the Center could provide that training. Because the Center recognized the need to establish a broader and firmer relationship with the Dade County community, agreeing to provide training for the coordinators seemed a very positive step to take.

An agreement on procedure and scheduling was worked out in a series of meetings of area coordinators for the Dade County Drug Education Program, Mr. H. Stephen Glenn, Regional Training Director, and Mr. Roosevelt Thomas, Training Program Supervisor. Essentially, the agreement was for the Center to provide the drug coordinators with an overview of the philosophy of the Center, approaches the Center sees as feasible to deal with the drug problem locally and nationally, and assistance in program planning for the local school system. It was agreed that this would be done during a series of three-day blocks of time.

All of the sessions were held at the Training Center facilities. Coordinators were grouped by school district. District resource personnel aided in the training effort by orienting the coordinators to the county schools' drug program, cofacilitating the training process, and participating in the program planning stages of the process.

The basic content of the training design came from three general areas:

1. Overview of the national strategy,
2. The what, why and how of drug education and drug abuse prevention, and
3. Quality communication and group learning experiences

Feedback coming from the coordinators was generally positive in nature. However, there was special note made in two areas:

1. The time limits made it impossible to examine all of the concepts to the degree the coordinators thought necessary
2. Dade County, with probably the most severe drug problem in the region, has a definite need for training additional teams in the regular program

The final agreement between the Center and the coordinators was to render technical assistance to the county coordinators on a "when possible" basis.

REPORT—SPECIAL TRAINING PROGRAM HELD WITH COORDINATORS OF STATE DRUG EDUCATION, APRIL 23–27, 1973, AT THE SOUTHEAST REGIONAL TRAINING CENTER

Ongoing discussions between Mr. H. Stephen Glenn, Director of the Southeast Regional Training Center and Mr. Louis Morelli, Florida State Education Authority, resulted in a five-day special training program for forty-two area drug education coordinators. Included in this group were coordinators from Florida, Ohio and Iowa.

The process was one in which the Regional Training Center addressed needs as expressed by the area coordinators. In order to do this, training center staff presented perspectives in certain specific areas:

1. Center philosophy and training design.
2. Group learning processes.
3. Drug use behavior.
4. Issues in drug abuse prevention.
5. Drug education programming.

The State Education Authority presented a general overview of the State Plan. The education component of the State Plan was explained very carefully with special attention being given to how the programming done by the area coordination would fit into the overall program.

Task facilitation was achieved by the coordinator's working in groups formed by the interest in elementary and secondary levels of programming. The tasks to develop initial action plans for programming in schools.

Plan formulated, each Task Force shared its outcomes with the other group, participated in a feedback process and made indicated revisions. Coordinators also contracted to form an ongoing correspondent relationship for purposes of future sharing of program progress.

Feedback about this effort was positive.

PROGRESS REPORT—MINORITY RESPONSE, SOUTHEAST REGIONAL TRAINING CENTER, MIAMI, FLA., MAY 21, 1973

I. How Minority Response Evolved.
  A. Supplementary Funding.
  B. Purposes.
II. Response Of The Southeast Regional Training Center.
  A. Alternative Postures.
  B. Reasons for choices selected.
III. Further Steps.
  A. Development of Strategy.
  B. Selection of communities for sampling.
  C. Selection of contact with community representatives.
  D. Sharing sessions.
    1. State Drug Authorities.
    2. Community Resource People.
    3. National Urban League.
  E. Outcomes.
IV. Where Do We Go From Here?

HOW MINORITY RESPONSES EVOLVED

Early last year the Office of Education gave five of the eight regional centers budget supplements of about $25,000.00 to use for purposes of:

A. determining whether the training center's efforts were properly addressing the needs of minority peoples in an effective, efficient manner and if not,

B. those kinds of supplementary program designs the centers could begin to develop which would meet those needs in such a manner.

HOW THE SOUTHEAST REGIONAL TRAINING CENTER RESPONDED

The Southeast Regional Training Center decided that the issue posed by the Office of Education could be addressed in one of three ways:

A. The Center could independently conclude that minority team members were not receiving adequate specialized training to meet their needs and begin work to determine which specialized inputs should be included to meet those needs, or

B. The Center could independently conclude that minority team members were receiving the kinds of training necessary in the program designed for all team members and that no other special input was necessary, or

C. The Center could independently conclude that before any decisions were made, it should investigate the matter thoroughly. The Center chose to conduct the investigations. One feasible means of accomplishing this task was to poll the consumers of the Center's services. It was decided that in order to determine the kinds of services the Southeast Regional Center should offer minority team members, certain specific questions should be asked.

1. How much access does the minority community have to the services ostensibly available to the whole community?
2. To which specific resources does the minority have access?
3. What is the level of the minority community's preparedness to utilize those resources?
4. As regards the nature and scope of the "drug abuse problem", what feelings exist in the minority community?
5. What kinds of action, if any, does the minority community wish to take?

WHAT ENSUED

The Center decided that if it were to gather a representative and valid response to these questions, it would have to ask them of people who held positions which made them realistically able to provide such answers. Since no single community is likely to exist as a microcosm of those elements which make up the Southeast, it was decided that a sampling of communities would be necessary.

Certain communities were chosen because they met certain criteria.

Birmingham, Alabama is industrial. It has a significant minority population. It has a serious drug problem and a variety of drug programs. Atlanta, Georgia is the cultural, political and social center for most minority people in the Southeast. It also has a serious drug problem and a variety of drug programs. Greensboro, North Carolina, like Atlanta and Birmingham, has its share of the drug problem and a number of drug programs. Greensboro is also a center for the youth-oriented and an educational center for minority people in the Southeast.

While these metropolitan areas cannot truly represent the smaller towns and rural communities so prolific throughout the Southeast, those criteria used to select a representative would qualify them when looked at from the drug use/abuse perspective. For example, those educational, political, social and economic factors which exist in Tuskegee, Alabama would exist in even greater proportion in Greensboro, North Carolina. Using this set of qualifiers to compare Atlanta, Georgia and Tallahassee, Florida indicates that Atlanta has a more compact and clearly defined concentration of those factors.

Once the Center identified those communities from which it wished to take samplings, its next step was to identify and contact specific persons in those communities. Those persons had to meet certain criteria. They had to be recognized as:

A. having a reputation as community opinion makers.

B. possessing a working knowledge of the nature and scope of the drug use/abuse problem in the community represented, and

C. being involved in identification of community needs and the extent to which those needs are being met.

The results of contact with such people in each sample community generated feedback which fit the same general scheme. They all said that although the drug problem was a serious one, it was not a high-priority issue for the community because those most concerned did not have a viable knowledge of what to do about it. They also said that even though some people in the community were addressing the problem on a minor scale, large scale measures at this time were not feasible owing to this lack of knowledge about the most practical procedures. In short, they felt it better to insure some success on a small scale than to risk failure on a large scale.

Out of this came the expressed need for information about those resources which were available on the regional and state level.

Upon examination of the results of the samplings, the Center initiated a session in which community representatives, community service agency representatives and representatives of the State Drug Authorities could share in deciding the succeeding steps to be taken.

Out of this session came the decision to use the National Urban League as coordinating agency between the communities and persons and agencies engaged in rendering services to those communities.

National Urban League was selected over some other minority-based organizations for certain specific reasons. Urban League has consistent membership on an ongoing basis. It has at least on affiliate in each of the states served by the Southeast Regional Training Center and an affiliate in every chief city with one exception. (North Carolina has only one affiliate. It is located in Winston-Salem). The Urban League enjoys a traditional and consistent reputation for identifying and helping to meet the real needs of the community it serves.

Efforts to define a relationship resulted in the decision to have the Urban League Regional Office (Atlanta) take responsibility for coordination of efforts by affiliates as brokers of community-originated input to State Drug Authorities. Those minority-group mini-grant team members who hold advisory positions to policy-making entities will serve as resources for the community and make input to the local Urban League affiliate and the State Drug Authority.

WHERE WE ARE NOW

The efforts of the Southeast Regional Training Center to address this issue have resulted in several significant outcomes. We have determined that the State Drug Authorities are very concerned with what is being done and committed to discovering what needs to be done for and with minorities. We have determined that minority communities do require help in learning how to define and articulate their specific needs. It has become clear that some efforts are being made on the local level and that persons making these efforts require and request objective assessment and supplementary aid.

Finally, we have determined that our general goal in this area for the remainder of this project is to make minority people fully aware of the roles they can play in helping themselves and to provide them with the means of obtaining the training and ongoing assistance necessary to begin playing those roles.

Mr. BRADEMAS. Our next witness is Dr. E. L. Whigham, superintendent of schools for Dade County, accompanied by Dr. Ben Shephard, member of the Dade County School Board and the Catholic Service Bureau, and by Mr. Don Samuels, director of the Dade County schools drug abuse program.

Dr. Whigham, I am glad to have you with us.

STATEMENT OF E. L. WHIGHAM, SUPERINTENDENT OF SCHOOLS, DADE COUNTY PUBLIC SCHOOLS, MIAMI, FLA., ACCOMPANIED BY BEN SHEPHARD, MEMBER, DADE COUNTY SCHOOL BOARD AND CATHOLIC SERVICE BUREAU, AND DON SAMUELS, DIRECTOR, DADE COUNTY SCHOOLS DRUG ABUSE PROGRAM

Dr. WHIGHAM. I have a short statement which I would like to read, and then I have with me a number of people from our staff who can really answer your questions better than can I. Let me just introduce them. I am going to let my remarks lead into the remarks of Dr. Shephard.

One of them is Dr. Ben Shephard who is a member of the school board here in Dade County. The other is Mr. Don Samuels, who is the coordinator of what we call the Dade County schools substance abuse education program.

The other is Dr. Leonard Britton, who is our associate superintendent for instruction, under who the substance abuse education program comes in our administrative structure. Two members of our Substance Abuse Advisory Committee, we use to help us design and look at our program, are Dr. Carroll, who you just heard, and so is Dr. Shephard.

The other people whom we are closely associated with is Mr. Barker, who is to speak with you later, and Shirley Hagan, who we also have a relationship with.

Our county is subdivided into geographical areas for administrative purposes. Each one of those area offices has a resource specialist in the field of substance abuse education. We have a number of them with us this morning. As a matter of fact, there are five of them. Then we have two of our peer counselor trainees. We have two students whom we have asked to come with us.

If I may, I will move into my statement.

I am pleased as superintendent of the Dade County public schools to appear before you today. With me are representatives of our administrative staff, our teaching staff, and our students. With me also are representatives of the school system's Substance Abuse Advisory Committee.

I might add, for your information, that for several reasons, in Dade County drug education has become identified as substance abuse education, hence our use of the latter term.

The school is the place where most of the young people in this county come together each day on a regular basis; hence, the school becomes a major place where youth may be recruited to the illegal use of drugs.

It is this fact that makes it necessary for the school system not only to take a leadership role in development of programs to prevent the use of harmful drugs and other substances and to provide referral to community treatment agencies when needed, but also to prevent illegal activity in the sale and transmission of drugs and to assist law-enforcement agencies in the identification and detention of persons engaging in those illegal activities.

The solution to the problem of drug abuse will not be found solely in the school. The home and the community as a whole must deal with those factors that cause an individual to turn to drugs to "escape" from an environment with which he cannot cope.

The school must play this important role, but it must be in cooperation with the home, law-enforcement agencies, medical authorities, social services agencies, religious institutions, and the other agencies and institutions which have and exercise responsibilities in this problem.

The school's role, however, must not be extended beyond a reasonable concepton of its competencies and its available resources. The school should not be expected to assume the roles of the treatment centers, nor should they be expected to become law-enforcement agencies. Rather, schools and the agencies with those responsibilities should develop coordinated and effective procedures for cooperation.

Over the last several years, the Dade County public schools have been aware that many students are involved with drugs and other harmful substances, not only in the use of these drugs but also in the sale and possession of illegal drugs.

Because of those problems, the Dade County schools have undertaken a comprehensive drug education program. The State legislature required such a program but provided no funds for its implementation.

And I might say this program is something that has evolved through the years pretty largely on our own. In 1970–71, the Dade County School Board allocated $250,000 to provide drug identification facsimile kits, curriculum materials, films and filmstrips, staff development programs, and various training seminars.

In 1971–72, the board provided $100,000 to continue training and curriculum development, as well as to provide four teachers on special assignment to assist with those efforts. The schools began providing drop-in centers or rap rooms, and the county staff began to investigate the role of affective education in the drug education program.

This was a major step and perhaps a radical shift from formal drug education. While accurate information is important, it is important also that young people have an opportunity to explore their values and attitudes, to develop inter- and intra-personal skills, and to engage in open and frank discussions about why people abuse drugs.

It is not enough to just present facts. We must also provide for honest ventilation of feelings about oneself and others and the interaction between people.

During the current 1972–73 school year, the board allocated $307,000 for the substance education program. If I may stop here and interject a comment. The school board did this in a year when our school system was caught in a very serious financial trauma. We had to eliminate many staff positions and improvements from our budget.

This allocation has provided a total of six area specialists—our school system is divided into six administrative areas—and a county level coordinator for the substance education program.

In addition, the schools have provided rap rooms for peer counseling programs at the secondary level, and teen counselors and a magic circles program at the elementary level. The magic circle program is a program which enables youngsters to gain self-awareness and develop inter/intra personal skills in the elementary schools.

We have provided secondary schools with 50 cents per pupil enrollment to offer an improved program of student activities as alternatives to drug abuse. Schools also have developed communication workshop programs for parents as a means of bridging the alienation gap. And the school board has contracted with the licensed rehabilitation agencies in Dade County, to provide counseling services in our schools.

Even though available revenue for education for this next fiscal year is still very uncertain, the Dade School Board already has committed $230,000 to fund the 1973–74 substance education program. The school board action shows the concern of board members for this community problem.

Beyond that level of funding, however, the school system has prepared proposals costing $900,000 to provide a human education specialist for each secondary school. At this time, we have no source of funding—local, State, nor Federal—for this potentially very valuable extension of our inschool program to assist students with drug problems.

The Dade School Board has taken a major step concerning suspension and expulsion for students involved in drugs by providing an alternate so that they may attend rehabilitation centers in lieu of suspension or expulsion. The procedures established give the principal and the superintendent the option of referring the student to a rehabilitation center.

I might say at this time, all of our efforts in drug education have been totally without benefit of financial assistance by either State or Federal agencies.

The school board, in its legislative proposals to the State legislature, asked the State to provide each school system in Florida $1 per child for drug prevention education. The Federal Government might consider similar legislation or legislation which would provide 75 percent of the cost of a school system's comprehensive drug prevention and education program.

The Dade County school system has recognized the need for providing sound educational programs regarding substance education and is very definitely following through with its responsibilities in this area.

This school system has one of the most comprehensive substance abuse education programs in the United States, and I haven't begun to cover it for you.

One of the reasons we do have such a comprehensive program is because of the efforts of Dr. Ben Shephard, a member of the Dade County School Board.

In addition to his work with the school system, Dr. Shephard has been a prime force in the establishment of drug education, prevention, and rehabilitation programs in Dade County.

He is currently the director of St. Luke's Methadone Clinic, and is director of Concept and Genesis House which are residential therapeutic communities. He is also adviser to both the public and parochial schools in the area of drug education. It is my pleasure to introduce Dr. Shephard to the committee.

Mr. **Brademas.** Thank you very much, Dr. Whigham. I look forward to hearing from Dr. Shephard at this time.

Dr. **Shephard.** Mr. Chairman, I have nothing really prepared. I can read something, but I am sure you are tired of hearing all the things that are going on. I am getting a little fed up with cliches, peer pressure, and all that sort of thing.

I am beginning to think rehabilitation centers are copouts for parents, and I am willing to answer any question. I have had a finger in every program in this county, except Spectrum and one other. I can't think which one it is.

It took me 15 years. I started when I was a juvenile court judge, to do away with outdoor suspensions. I have become a member of the school board, trying to push it through as school board policy.

I think the greatest thing you can do is fight for the continuation of this educational bill because without it we are lost. Dade County leads not because of me or anybody else, but because of the school board and people like Dr. Whigham, Dr. Britton, Don Samuels; and we have all agreed that each school must have its own rap room, each school must have its own crisis intervention center, each school must provide the necessities that go to help a child grow up.

I am sure very definitely this burden should not be placed on the Dade County schools, because we have so little money. We are doing away with capital construction; we are cutting down on our teachers. I think one of the greatest things you could do is to help us get money enough for capital construction so we can go back to the single day session.

I think most of our trouble started when we had these double sessions; 7 to 12, and then again from 1 to 6 with another group. When we had our single high schools, when we weren't as big as we are now, we had more cohesiveness among the students. We could do more with them in ancillary programs.

To prevent drug abuse in our schools, we must provide the children and their parents with special classes, counseling, educational programs in skills and techniques to increase perceptive awareness, to relate more effectively in groups.

I recently was on a radio program with questions and answers over the telephone. I had one father call me to tell me his four children went to a program; 14, 15, and 17. I felt like saying, "Where were you all these 5 years while these kids were going through the program?"

Personally, I feel if any relief in the way of welfare should be given, it should be given to the parent who can make the more money so one parent should stay home. I feel very strongly that the formative years of early childhood should be guided by interested parents.

As I say, my main interest is the schools, private and parochial. I am a consultant for both schools. I have the Genesis, all these programs, and I am willing to answer any questions you wish to ask.

I am tired of reading of national commissions formed by the administration, where they do not speak to the people. They speak to people in ivory towers. There are boards which are totally at variance.

Mr. Brademas. Thank you very much, Dr. Shephard. I was very struck by what you said, and specifically by what was said just a moment ago by the superintendent of schools, Dr. Whigham, about the importance of not relying totally on the school system to cope with this problem. You seem to agree also on the importance of paying more attention to the affective as distinguished from the cognitive approach to coping with the problem of drugs.

I wonder if you could give us any generalization about what you feel to be the appropriate role of education within the school system, both cognitive and affective, if you will, in meeting this problem?

I will just make one other observation before I stop talking.

I do not believe that any member of this committee, who had anything to do with writing the Drug Abuse Education Act in 1970, suggested for a moment that the passage of such education legislation would solve the drug problem in the United States.

The legislation was perceived rather as a part of a many-pronged attack on the problem of drugs. I take it we are not in disagreement on that. Having said that, I wonder if, Dr. Shephard, you could make a comment on what you perceive to be the role of the school system in coping with the drug problem.

Dr. Shephard. The role of the school system should be effective education and a preventive program. Mr. Chairman, we have tried them all. We tried the scare techniques by bringing in the district attorney or his representatives, the chiefs of police, and you name it.

We tried them all and found they were all of no value. Now we are beginning to make a dent working within the school frame itself. I can't say enough for Dr. Carroll's educational information center. All our teachers are going through that, those involved in the drug program. I think this is a great step forward. It doesn't cost us any money.

I think all of this should come under education rather than any other agency. I think we have to work as we are doing with the parks, with recreation, with the 24-hour school. I don't know if I will live to see it, but someday you are going to have school nurseries in the areas where there can be no day care, and you are also going to have dormitories in the same schools where the working parent knows that her child is taken care of.

Mr. **Brademas**. I wonder, Dr. Whigham, would you mind coming back up here.

Dr. **Shephard**. Dr. Whigham and I disagree at least one one point. He is an educator, and I am convinced that the school is a nucleus where all children meet, and I don't know where in education and family care you can draw the line.

Mr. **Brademas**. He will speak for himself. I sense he might not be altogether in disagreement with you on that point.

The question I wanted to put to you is this: I noted in your statement that the school system has one of the most comprehensive drug abuse education programs in the United States. Yet, you say elsewhere that all your efforts in drug education have been totally without benefit of help from either State or Federal agencies.

Then you say that the State Legislature of Florida required a comprehensive drug abuse education program but provided no money for its implementation.

I remember the last time I was in Florida with Congressman Pepper, how everybody down here seemed to be concerned about the problems of the elderly, but nobody in the State legislature wanted to put any serious money into coping with the problems of the aging.

I announced at that time that I would come back and run for Governor of Florida on a program in favor of State aid going to meet problems of the elderly. And I think I received a degree of support, as I recall, at that particular hearing.

Do you have to have people come into this State and run a campaign for Governor, urging that there be some State moneys put into programs of this kind? I am one of these fellows that really gets fed up to my ears with all the States rights talk, but when it comes to putting some State money in, the State politicians are looking at the clouds.

Why don't your State politicians put up some money?

Dr. **Shephard**. They are all kosher; they don't like to look at pork.

Mr. **Brademas**. What do you think, Dr. Whigham?

Dr. **Whigham**. They would have to answer for themselves. I can't answer for them as to why they make the decisions they make. I can tell you that we have not had funding specifically categorically designated for drug education.

Of course, the moneys with which we operate our school system and from which we have made the expenditures we have, are raised 50-percent locally and 50-percent State money, roughly. That is not quite the way it is because we are using about 10-percent Federal funding because of the special support we get.

What I am speaking of here is no moneys were specifically designated for drug education. I could go beyond that in terms of my reactions, but it is purely my own subjective one. There has not been money specifically designated for that purpose.

I assume it is a matter of the legislature determining what is the role of the State in these problems.

Mr. BRADEMAS. Perhaps you will hang on while we let Mr. Lehman put some questions to you.

Mr. LEHMAN. I feel like I am right back where I started from. I think it is good that you did bring out the fact that the Dade County School Board has to fund these drug education programs on its own, and in doing so, without the categorical assistance of those programs, drug education competes with reading programs, employee salary, collective bargaining, and all kinds of other programs and all kinds of other needs.

It is very difficult for any specific program, as drug education is, to have to compete with so many different essential needs of the educational system and still get the kind of financial assistance it needs in order to create the educational program that will enable us to beat this problem.

I think I may have overstated the question, but could you give me an answer to what can we do to enable you to apply for the kind of grant that would enable you to get Federal help through a drug abuse education program?

Dr. WHIGHAM. Mr. Lehman, let me speak a little bit about this. What is happening in the schools is that the schools have become the center to which the people of this Nation—and I use the term generically because there is a wide range of opinions about these issues.

Schools have been a major institution in our society, with which we have tried to deal with some of the social problems that have become acute and critical in our society. They have been acute and critical for years, and we have recognized them as such.

This has imposed considerable responsibility on the schools in the process. That is a long story that I am not going into. The point I am trying to get into is we have only come to recognize them in recent years. I am speaking of social problems.

We have tried to use the schools as the institution through which to get at them. The real problem is somewhat different. The depth and scope of the drug problem—we have always had people who abused drugs and had illegal activities in drugs as long as I can remember.

The intensity, and size, and pervasiveness of this problem is a rather recent phenomenon historically speaking. I think that is a reason why special funding is needed to go into that program and that cannot be done out of the regular ongoing school program which would take care of other kinds of needs that have been historically the responsibility of the schools, although that has changed from time to time.

If your question concerns what can the Federal Government do, quite frankly I think the best thing they could do is make funding available with almost total discretion at the local level.

I am very much afraid of any prescriptive program from the Federal level. Let me go back to why. Congressman Brademas picked up the point in my statement that we are told we have one of the most comprehensive programs, if we have. What bothers me is what do other school systems have.

As Dr. Shephard indicated and I indicated, this is something where we tried various things just off the cuff. Dr. Shephard mentioned the so-called scare techniques. We weren't trying to scare them. We learned that is not a very preventive technique in the long run.

What I am trying to say is there is a great deal that needs to be known about what really is effective in the schools I am very dubious of a single prescriptive source from a national level.

Doing that I think we have got to have the funds at the local level in this and other school systems in order to try things and see what would work and what proves effective. So there are the two prongs of it. I think there should be very few prescriptive elements in national legislation, almost total discretion at the local level.

In the first place, no one knows what to prescribe precisely, although I think we are beginning to have some grasp of it. Secondly, this problem has various manifestations among communities across the Nation.

Mr. Brademas. If my colleague will yield, I might just observe there is certainly no intention on the part of the original authors of this bill, to provide a single prescriptive curriculum or approach, but rather to develop a variety of models, we hope, that would enable various school systems to take a look and see what you can learn from each other.

Dr. Shephard. May I ask a question?

Mr. Brademas. Please.

Dr. Shephard. Is it within your scope to control, in any way, drug advertising to help us with our children so that Preparation H should not be as well known as Donald Duck?

Mr. Brademas. If my colleague will yield further, it is not within the jurisdiction of this subcommittee to get into that kind of question. That would more appropriately come within the jurisdiction of the Commerce Committee, which does have responsibility for the regulation of radio and television so far as they are concerned.

We will be glad to call your observation to the attention of the appropriate committee.

Mr. Lehman.

Mr. Lehman. Would you like to have the other people come up?

Dr. Shephard. May I add one thing? I sincerely hope the moneys will continue the work we are doing. Our area is one of the greatest in need and I date back to the time of the first methadone clinic south of New York City. I know what it means. It really is a must.

Mr. Brademas. Do I take it then that both of you gentlemen endorse the legislation extending the Drug Abuse Education Act?

Dr. Shephard. I endorse it most heartily.

Dr. Whigham. I will be glad to ask any other people with me if they have a comment.

Let me add my response to that. Yes, we certainly do, and I know from a previous conversation with you in Washington of your interest in this area and the desire not only to continue it but to broaden it, extend it and, of course, get school systems per se incorporated into the coverage of this program. We surely would.

And we are left with considerable concern among the administration proposals that were advanced in Washington to cut back and move the agencies handling this program to move it to some other agency. I forget where they plan to move it, but it seemed to me that was an effort essentially to move toward discontinuation of the program.

I wish we could get rid of the drug problem, but we haven't. It is still very much with us and absolutely the program needs to be continued and expanded.

In response to Congressman Lehman's question would any of our staff members who are with us like to make a statement? How about the students who are with us? I would be glad to have them respond to a specific question.

Mr. BRADEMAS. Dr. Shephard, thank you very much.

Mr. Samuels, we are very glad to have you with us.

Mr. SAMUELS. Thank you. I would like to read something I have prepared and introduce some people to you.

It is an honor for me to appear before this distinguished committee and have the opportunity to inform the panel members of a drug abuse prevention program which I believe to be unique and meaningful.

Dade County has taken the leadership role in drug prevention and education and has implemented a comprehensive drug education program which encompasses many of the areas that authorities in the field have recommended for inclusion in a well-planned prevention program.

It is incumbent upon the school system to disseminate accurate information for rational decisionmaking; provide an atmosphere for the interchange and ventilation of ideas, feelings and values; and enable young people to become involved and explore opportunities which are alternatives to drug abuse.

Since its inception in 1970, in compliance with a State mandate that each school district develop a program for all children and youth in grades K through 12, our program has undergone some change in content and philosophy. A descriptive review of the project and completed program objectives and the overall intent and direction of our special program may be in order at this time.

In compliance with State law that we establish a drug education and prevention program in the 1970–71 school year, the following activities were accomplished: We prepared instructional units for all grade levels, K through 12, reaching 240,000 children.

We distributed information drug kits to 11,500 teachers. We distributed 234 facsimile kits to all schools. We purchased and distributed to schools various films and filmstrips. We provided field support by county and district resource people.

We provided workshops, resource centers, and various materials and made presentations to PTA groups, principal groups, State and local conferences. We identified and trained at least one teacher in each school to act as a resource person for that school.

During the 1971–72 school year, with a budget of $100,000, we provided inservice workshops for teachers not previously exposed to substance abuse education. We updated and maintained resource books and resource centers.

We assigned four teachers to act as area resource specialists. We provided information courses to parents and teachers as well as youngsters. We provided consultants to conduct workshops.

We informally organized and arranged in secondary schools, "drop-in centers" or "rap rooms" as they got to be called. We developed guidelines to permit instructional personnel to function within a legal framework.

During the current 1972–73 school year, we have increased by two the area resource drug abuse specialists. We provided for county coordinator of substance abuse education in budget. We have identified and trained one counselor or teacher without full-time teaching responsibilities to be trained in magic circle technique in the elementary schools and peer counseling techniques in the senior and junior high school at all levels.

We have identified teen counselors which are high school students, some of whom are here today, to work with fifth and sixth graders on a regular basis. We have provided suspension and expulsion policies to provide for the involvement of drug involved students in rehabilitation centers as an alternative to expulsion or suspension.

The Dade County schools have taken advantage of the facilities and expertise of the regional training center of the Office of Education located here in Miami. We have worked jointly in a training session involving over 250 or our own elementary and secondary teachers and counselors.

During the 1972–73 school year, our program began to shift from an approach of primarily providing information to one which is more concerned with fostering the development of interpersonal skills, coping skills, and the improvement of self-concept.

It has been demonstrated that information in and of itself is not a deterrent to drug abuse. Certain studies have indicated that information sometimes stimulates the amount of drug usage by students.

Much of the present school curricala has little significant impact on drug abuse because the focus has always been on drug content rather than upon the individual's own values and attitudes interwoven in the whole syndrome of drug use, abuse, and addiction.

Drug prevention should focus upon affective levels rather than cognitive levels and should be integrally developed into the educational process. The emphasis should be placed on values which surround a person's decision to use or to avoid drugs.

The focus should be an interpersonal awareness and teacher student interaction. The school and especially the individual teacher can involve students in effective antiabuse programs which deal with the affective aspects of drug abuse.

I recently attended a conference where drug educators discussed the need for having a drug resource teacher in each school, of having teen counselors and of possibly having a place where young people could go to talk with other young people about anything that troubled them.

This kind of drug education and prevention program seemed perhaps utopian in nature to many of the people attending the conference due to the lack of imagination and support within their own communities. It is not. The Dade County schools have this very program in operation.

As an outgrowth of this approach, we have instituted a human development program in the elementary school. By use of a vehicle called magic circle elementary youngsters engage in activities in which the purpose is to help children become aware of their feelings, to respect the feelings of others, to become more self-confident and to learn more about how to get along with others.

There have been approximately 32,000 elementary youngsters engaged in the magic circle program and more than 1,000 teachers use magic circle on a regular basis.

In our junior and senior high schools we have taken advantage of the same principle which studies have shown to be a prime factor in involving people in drug abuse, namely peer pressure.

The schools have made use of peer pressure by establishing a peer counseling program in each of our secondary schools. We have provided funds in the amount of $32,000 for portable relocation if needed, and for the improvement of existing facilities so the rap room would be available.

The schools have identified and trained one counselor in each school to be a peer counselor trainer, two of whom are here today, with the responsibility of training a group of young people who will be the peer counselors and work in these rap room facilities when established.

There have been approximately 1,000 peer counselors trained and engaged in counseling to date. They have counseled with close to 5,000 students in rap room facilities.

In addition, we have instituted a teen counseling program which utilizes high school students who visit the feeder elementary schools and work with fifth and sixth grade youngsters in establishing meaningful relationships, relevant alternatives to drug abuse and, in essence, present a positive image of what teenagers are about. Thus far there have been about 480 teen counselors trained and working with 86 elementary feeder schools.

The secondary schools have been provided with funds which are to be used for activities for young people which present alternatives to drug abuse. Teenagers have engaged in yoga, karate, judo, science of creative intelligence, astrology, and philosophy course which are some activities that offer students the opportunity to discover meaningful values, help establish personal identity and organize a belief structure in a nonchemical way.

Youngsters have also engaged in father-and-son shop classes, piano and guitar instruction, tap and ballet, and all the facets of the expanded intramural and community school programs.

The Dade County schools in cooperation with the State drug abuse program have developed a radio program "Sounding Board" which is a radio talk show organized, developed, and staffed by young people. Topics of current interest and concern to young people are dealt with on a regular basis.

A youth advisory board has been established and is working with the division of instruction in screening films and filmstrips and they voice their opinion as regards relevancy and appropriateness of content. They work with us in the development of curriculum materials as well.

The substance abuse program has prepared a program to involve parents in our community schools which is geared toward development of communication skills which are designed to bridge the "alienation gap" if you will. The Dade County schools have developed a comprehensive program in every sense of the word.

This is not to say there have been no problems because with any new concept there are bound to be problems. One problem which became apparent was the need for a full-time person whose major responsibility would be the implementation and management of such a program at the school level.

As Dr. Whigham mentioned, we have submitted a budget request which provides for this person in each secondary school. We may very well be spending in the area of $1,200,000 for drug education, but we call it humanistic education—people education, if you will, and isn't this what drug education is all about?

The California State Board of Education just adopted guidelines which would require drug education in all grades, K through 12. The emphasis will be on humanistic education and stresses the importance of allowing young people to talk about feelings and attitudes toward life. We have had this unique approach as the basis of our program in operation for the past school year.

The Dade County program developed after reviewing existing programs and adapting those portions of the programs which seemed most appropriate for use in this community. We have devised a truly comprehensive program which is designed to impart factual information, discuss values and attitudes, involve youngsters and parents, provide alternatives for drug abuse, and all of this has been done with only local county funds.

We have spent and will spend more in this area than many States have allowed for the entire State drug education program.

I don't mean to imply there are no concerns or problems. We still are developing curriculum which will include factual information but be presented in a way so as to involve the student in decisionmaking processes.

We still are concerned with staff development and with offering a very broad range of activities not only for students but also for students and parents to be involved in joint projects and activities. Family cohesiveness is a prime concern and a real factor in preventing drug abuse.

Thank you.

Mr. Brademas. Thank you very much.

I wonder, Mr. Samuels, if I could ask you this question. You have been describing the drug abuse education program here as a most comprehensive one. I wonder if you could give us some judgment, based on evidence, on the impact of the use of dangerous drugs by the young people of the school system?

That is to say, have you made an effort to make a judgment on how you are doing?

Mr. Samuels. In terms of evaluation, there is one going on now that will be completed at the end of June. The RAP facilities didn't begin until January and it is a little early to put together enough statistics to see the evidence of any impact as yet.

One problem, as I mentioned, which became apparent was the need for a full-time person on the program at the school level.

Mr. Brademas. What about the relationship between the school system here and the State Department of Education in Florida? You made some reference to the State government. Is there an office within your State Department of Education that deals with local school systems in the drug field?

Mr. SAMUELS. Yes; there is a Drug Education Department. We meet periodically and discuss programs in use throughout the State and country and the relevancy for implementation in our own program or other programs in the State.

Mr. BRADEMAS. One thing that strikes me about the testimony we have heard this morning is a kind of mixed feeling of confidence that you are on the right track and with a degree of apprehension about where you are going. I mean to say there seems to be an expression that you need to engage in more evaluation because you don't have all the answers you should like to have in this field.

In Washington, however, a number of the witnesses from whom we have heard, particularly from the Office of Drug Abuse Education itself, have led us to think that they are not at all sure they have developed models that are effective in the drug abuse education field.

Indeed, Dr. Nowlis told us last week that there was not a model, if my memory is correct, that she would be willing, as a professional, to stand behind. I should tell you that I put that question to her in the context of reading to her a paragraph from President Nixon's budget for fiscal year 1974 in which the administration attempted to justify its proposal to eliminate the Drug Abuse Education Act and the programs supported by it.

The administration budget said, in effect, one of the reasons the program is no longer necessary is that models have now been developed—past tense—in this field so that it is no longer necessary for the Federal Government to put up money.

When I turned to Dr. Nowlis, the lady who is running the program, she said: "There is not a model I would be willing to stand behind." This is nothing particularly new, I suppose.

I, for one, have found it rather more noticeable under this administration than others that they tell you one thing and the people running the program tell you another. So, one comes to the conclusion they just don't want to spend the money.

I am going to be just a little bit difficult with you, and be a devil's advocate, to suggest that it is important to evaluate these programs with some degree of scientific objectivity, realizing how difficult it is to develop criteria in these matters.

It is important to develop some criteria of effectiveness that you announce before you start a program, so that it is clear to the outside world what your evaluation methodology is before you spend money. Then we can make a judgment.

Could you make any comment?

Mr. SAMUELS. Along that line, what is going on now is evaluation in terms of implementation: to what degree certain directives that ought to be done have been done. It is a little unfair to fully evaluate the counseling program mainly because all schools do not have the facilities or personnel capable and the time with which to implement a full and satisfactory program.

What we are saying basically is if we can provide a full-time person in each secondary school to fully implement the counseling program and set up some criteria for evaluation prior to, fully implement and then evaluate on the basis of everyone having the same opportunity to implement the kind of program we feel should be implemented, we might be able to make a better judgment at that time.

In terms of overall comprehensiveness, we have taken a lot of recommendations from various school systems, educational institutions, as to what should be included in the program. We have attempted to provide information, allow young people to talk openly and frankly with each other and provide activities after school, which are the kind of activities youngsters are interested in.

Going along with that we provide opportunities for parents to become involved in workshops, not only with their children but alone, to develop the same kind of skills as the young people develop.

As far as comprehensiveness, we are saying this is the kind of thing we see.

Mr. **Brademas**. What I hear you saying is—and you must tell me if I have not understood you—you are moving ahead on a kind of common sense basis here, and that it is very difficult to establish criteria such as one might use in the natural sciences. But you are exploring a variety of approaches hoping to make some judgments along the way as to what seems to be most effective in reducing the use, by young people of dangerous drugs, and you are using approaches that are both affective and cognitive and that involve the school system as well as forces in the society outside the school system.

Mr. **Samuels**. In terms of affective education, it is primarily in the school system.

Mr. **Brademas**. That is very helpful. What I think is very important—if we are going to find out what works—is that we have to say what we hope to do before we can say what works. How do you define effectiveness? We have to have some criteria of effectiveness.

What is very difficult, when one gets into a complex field of behavior like this, is we don't even set forth the criteria by which we can judge effectiveness.

Mr. **Samuels**. One of the problems in prevention is very hard to determine; who you prevent from doing what in a short range period. We need to follow people throughout their lives.

Mr. **Brademas**. Yes, that is very helpful.

Mr. Lehman.

Mr. **Lehman**. Accountability in this program is going to be just as difficult as accountability anywhere in education. If the people who administer this program are going to hold their feet to the fire strictly on accountability in this program more so than any other program, then there is not going to be a fair sense of proportion in this program's relationship to all kinds of education.

What bothers me is this is the sixth largest school system in the country. From what I understand from the testimony, you so far haven't received any funding under this present act and the continuation of this act.

What is the difficulty is the way that this legislation is now being administered that would preclude or prevent you from getting the kind of funding for these counselors and other programs you have? Why can't the Federal Government, under this legislation, help you now?

Mr. **Samuels**. It is my understanding there are no funds geared toward local county school systems. It is given, from what I understand, in the main to State agencies, primarily rehabilitative agencies as opposed to educational. I really don't know if that applies to Federal funds in that sense.

Mr. **Lehman**. It seems like something is wrong in the way that the guidelines of the administration of this are set up to prevent the sixth largest school system from getting any money under the Drug Abuse Education Act and getting any funds for drug abuse education.

Mr. **Samuels**. I agree.

Mr. **Brademas**. Has the school system here applied for moneys.

Mr. **Samuels**. I don't believe there is a procedure to apply on the county level. I think the act requested programs to be set up and did not not make any provision for funding.

Mr. **Brademas**. Dr. Whigham, do you want to comment on that?

Dr. **Whigham**. Mr. Chairman, we tried every way possible. After the last hearing in Miami, we sent a special letter to the chairman of that committee, once again reiterating our desire to get funds and asking assistance for locating any Federal funding that would help us in Dade County.

It was just the culmination of a long series of attempts. I believe with reference to the Drug Education Act, Dr. Britton can give you more details if you want to pursue that. There was not money for local school systems and grants to local school systems for program implementation.

We have had people in Washington. We have walked the halls of the Federal buildings. We spent hours trying to get money. There is no money available.

Mr. **Lehman**. It seems to me there is something basically wrong with the guidelines of the Nixon administration that would put this kind of a burden on the back of the sixth largest school system to prevent it from getting money that we need for this kind of drug abuse program.

I think it is the responsibility of perhaps this committee to look at this and find out who is responsible for this and do something about it.

Mr. **Brademas**. I think my colleague is quite right, and although we have learned a good deal from our visit to Florida, if we have learned nothing more than what we have just been told here, I think that would have justified our visit.

Congressman Lehman has already suggested that the guidelines for operating this program have been such as to discourage local school systems from applying for the funds they need.

Mr. Lehman, have you any other questions?

Mr. **Lehman**. No. I would just like to see if the youngsters from this program would like to say anything because the public school system here is where the drug education is going to be mainly at. I don't want to belabor these witnesses, but I think these are the most important witnesses we can have today.

Dr. **Whigham**. The students will introduce themselves.

Miss **Soto**. I am from Miami Central High School. My name is Esther Soto. I have been involved with the Bureau of Counseling program since December. It has helped me find by own values toward life and understanding toward other people and myself. I enjoy going to the room and talking.

Mr. **Brown**. My name is Curtis Brown. I am from Hialeah High School. I too have been a peer counselor since December. I have found the program very effective. My chief purpose in this program was to provide alternatives which Dade County school system helped us with.

They had to present the alternatives. We made referrals to these alternatives, and this, so far, has been our chief purpose, and also to counsel wih any problems that people come to us with.

Drug abuse is our main concern but we handle all kinds of problems. Any problems people have they come in and see us. Drug abuse is a prevalant and very big problem. Of course, our purpose is to provide these alternatives.

Mr. BRADEMAS. Do I understand that the way the program works is that you, as students in the schools, are available to talk with other students about any problems they may wish to discuss with you? Is that the idea?

Miss SOTO. Yes.

Mr. BRADEMAS. One of the points that has been made in the testimony here this morning, and one of the points that has been made in the testimony in Washington, is that in order to get a handle on the drug problem, which is, of course, our principal focus of attention, one has to pay attention not only to what goes on in the student's head, as it were, but also to what goes on with reference to the student's whole being—family, society, and friends.

That is what sociologists tell us they mean by the affective as distinguished from the cognitive approach to these matters. What do you think about that? Does that make sense to you?

Miss SOTO. It does. What we try to do in the room is just let them talk about what they want to talk about. In doing that, you help them sort out the problems before they go into drugs.

Mr. BRADEMAS. What grades are you in in school?

Miss SOTO. I am in the 10th.

Mr. BROWN. I am in the 12th grade.

Mr. BRADEMAS. Could you make any comment on the extent to which, over the last 3 years, each of you has noticed, just from your personal observation, an increase in the number of persons using drugs in your school?

I don't ask that in a scientific way but an impressionistic way.

Mr. BROWN. I would have to say the drug abuse is definitely on an upward trend. You have a lot more drugs out in the open. You see a lot more drug traffic in public schools. It just seems to be so much more of it in public schools today than it was 3 years ago.

Miss SOTO. I could say the same, but I also see there are a lot of students that have been going into other things, they have other interests now. I have known a lot of people that have been into drugs, and they have gone straight from other interests.

Mr. BRADEMAS. Such as what?

Miss SOTO. Such as dancing and music and sports.

Mr. BROWN. As far as an alternative, trascendental meditation, science of creative intelligence and peer counseling alone has been a constructive peer involvement that people have been involved with and resolved their drug problems.

Mr. BRADEMAS. Thank you very much.

Mr. Lehman.

Mr. **Lehman**. There is one thing the young man said I think was important, which was the alternatives. If the system can offer transcendental meditation or astrology or sports or anythnig, then at least the youngster in school has a choice. I think that is our problem.

As Dr. Shephard once said, the original first encounter of a young person with drugs is often out of bordem and frustration. I think that is what we are going to have to address ourselves to as well as directly dealing with the drug. We are going to have to offer young people alternatives. That is what I think you were mentioning.

Mr. **Brown**. Yes.

Mr. **Brademas**. Do you have any other comments you want to make? Reference was made by earlier witnesses that, in recent years, the so-called scare technique has been used in the schools, and has not proved at all effective, and that today students will not be pursuaded by that kind of approach.

But we are told it is necessary to develop some approach that is regarded as scientifically accurate and objective so that it is credible to young people, otherwise they will just turn off on it. Do you have any comment on that, or is my understanding wrong?

Mr. **Brown**. Once again, you provide an alternative. I feel personally drug abuse res[illegible] bordem, not a place to be, not a sense of responsibility, no[illegible]e where a young person can be involved in some type of constructive atmosphere.

I think if you provide this through peer counseling, through these alternatives, I think that is a major step in solving drug abuse.

Mr. **Brademas**. Thank you very much. You have been very helpful.

Mr. **Lehman**. Thank you very much. How many students are there in your school, 2,000 or 3,000?

Miss **Soto**. Right.

Mr. **Lehman**. And in yours?

Mr. **Brown**. 3,000.

Mr. **Lehman**. Do you think the very size of high schools today are conducive to some of these problems?

Mr. **Brown**. Yes, I really feel so. Also, the size of the Dade County public school system also. You have a county which is larger than quite a few States, and you have one set of rules administrating all these public schools. It is very difficult to work within these public schools.

Mr. **Lehman**. Mr. Chairman, could Dr. Shephard come back?

Mr. **Brademas**. Yes, of course.

Dr. **Shephard**. I just want to add one more point, expulsions. We have noticed over the past year that we are, instead of the 11th and 12th grades, we are coming up with the 8th, 9th, and 10th grades. The average expulsion is for the use of drugs, and going down to the 9th and 10th grades where there are a large percentage. This stresses the importance of education.

Mr. **Brademas**. Thank you, sir.

Thank you very much again, both of you. You have been very helpful and responsive to our questions.

Our next witness is Dr. Linton Tyler.

STATEMENT OF LINTON TYLER, MIAMI LAKES, FLA.

Dr. Tyler. I am afraid I might come out sounding a little like the devil's advocate today. I don't really mean to but I am listening. I heard many things with which I don't completely agree. I approach this from a different point of view than, say, Dr. Whigham or Dr. Shephard or some of the other people in that I am not a professional in any category.

My work has always been voluntary as you can see looking down the list of my background. This goes back 16 or 17 years. I had planned to more or less summarize what I have to say, but I think because of some of the statements made here I think there can be some misinterpretation of what I really intended to convey to this committee. I think it is better, even if it is a little bit longer and a little more boring, to go through it.

I always like to start this sort of thing with a story. We refer to them as our "Dolphins" down here for the benefit of those people from Washington. Coach Shula's son went in to his mother and asked why it was that when the offensive team had the ball, they had four men on the backfield and seven men on the line, but the defensive team could have as many people as they wanted on the line.

She said, "Why don't you go ask your father?" He said, "I don't want to know that much about it." So, if I sound like I am giving a little too much here on some of these statistics, I really think they are all relevant in the final analysis.

In 1965—you have a bibliography on these—Perlman reported that 6.3 percent of the seniors surveyed at Brooklyn College had used drugs without medical approval at some time during their undergraduate years. By 1968, Mizner and coworkers found that almost one-third of the college students surveyed in the Denver metropolitan area admitted to having used illegal drugs.

Only 1 year later, Francis Patch reported that 44 percent of the students at the University of Michigan had used marihuana at least once.

In addition, a very disturbing trend appeared in that there seemed to be a downward diffusion of drug usage into secondary, junior high, and even elementary school children. A study in 1969 of 56,745 Dallas junior and senior high school students revealed that 28 percent had experimented with drugs, 8 percent using one drug more than 10 times and 4 percent classified as extremely frequent users. Many of the studies have supported the Dallas study.

In the spring of 1971, it was decided by Porter, Bleira, Kaplan, Heesch, and Colyar to undertake a study in Anchorage, Alaska, to see if a geographically isolated area shared the same drug problems as those in the rest of the Nation's public schools. The data was obtained on the drug use of students in grades 6 through 12.

If you will refer to the graph labeled, "Graph Based on Drug Survey of 15,634 Students, Anchorage, Alaska, Grades 6–12, 1971," you will note that beginning at grade 6 level, 14.6 percent of the sixth graders had used a drug, other than alcohol or tobacco.

By the time of their completion of the 12th grade, nearly 40 percent, or actually 36.3 percent had reported experimentation with drugs, other than alcohol or tobacco; 19.8 percent reported use in the 10-or-more-times category.

You will note that the graph begins to show an increase from the third grade on. This actually is a figure based on the statistical analysis that would indicate that all students did not suddenly begin taking drugs in the sixth grade, but that there was a gradual increase beginning somewhere possibly near the fourth or fifth grade and increasing to the level previously mentioned.

The validity of this curve can be substantiated by the article entitled, "Drug Abuse, Sexual Attitudes. Political Radicalization, and Religious Practices of College Seniors and Public School Teachers," by Samuel Janus and Barbara Bess, which appeared in the American Journal of Psychiatry, February 1973, which showed that 61 percent of the college seniors had reported themselves as drug users.

I would like to digress. By taking this curve on further you would find the curve follows almost the same straight line on up to that 60 percent.

Here, again, there are the two tables, tables 1 and 2, which you have before you and I will try to discuss them a little bit later in detail because I have touched on a subject not mentioned in this community to my knowledge except in Mr. Barker's program, The Seed.

The importance of the Anchorage, Alaska, study cannot be overemphasized as it clearly indicates that no area and no school is a safe sanctuary. There is no way to isolate people away from the world that surrounds them.

It certainly would be fair to say that any drug problem may be more severe in certain areas, such as someone was talking about Bed-Stuy, certain schools or certain States than in others: but to use the analyogy I once heard used by a physician in regard to pregnancy, when someone is pregnant they are pregnant. It is just a matter of degree.

I mentioned earlier the precent of drug users among college seniors and I feel that this would be a good time to discuss the article by Drs. Janus and Bess and the two tables, table 1 and table 2, which you have before you.

This includes not only college seniors, but drug users among teachers in public schools. This study consists of a group of 745 public school teachers and compared them to a sample group of 264 college seniors.

I did not mention it here but in the bibliograph of this, this was done in the area around Montclair, N.J., and parts of New York so it would be an area that would be fairly comparable to Dade County.

Drug abuse in this study was defined as the repeated use of nonprescribed drugs, and/or the illegal use of substances that affect the emotions, perception, and mentation of the individuals who use them.

You will note that for college seniors as a whole, the percent as mentioned before, was 61 percent. For male teachers 30 and under, 66 percent were drug abusers; and for those over 40, 19 percent were drug abusers. Of the female teachers 30 and under, 54 percent were drug abusers; those 31 to 40, 41 percent were drug abusers; and those over 40, 14 percent were drug abusers.

To draw a valid conclusion from this table, only those teachers 30 and under can be considered in a comparison with their peers; that is, most college seniors will definitely be under 30 years of age, so those teachers under 30 years of age should be the only ones compared to that peer group.

We find that the percentage is almost identical—that of all the teachers 30 and under. Sixty percent were drug abusers as compared to the college seniors of 61 percent. Taking all of the teachers, the figure rounds off to 40 percent that were drug abusers.

Looking at table 2, the drug of preference of 99 percent of all the drug users was marihuana. However, it is impossible to determine how many from this table used only marihuana.

Those reporting their preference for the so-called hard drugs, such as heroin, cocaine, and opium, represented a much smaller figure. For the college seniors, for example, only 13 percent prefered these hard drugs; the male teachers under 30, only 12 percent, et cetera.

That 12 percent is 12 percent of 652 which actually represents 6 percent, not actually a true 12 percent of the teachers.

A most disquieting figure was the relatively high use of depressants and stimulants by all groups, particularly the stimulants in the older age group where these were the only drugs that were used more frequently by older teachers.

The explanation for this could be that the period between 35 and 40 is that period in which clinical signs of depression appear.

The other disturbing factor in this table is the high use of marihuana. I am not here to pass a moral judgment on marihuana. It is only that I have found that in talking to young people who are involved with drugs or have drug problems one of the most common statements made is—we all know our teachers smoke grass, so why should we be worried about smoking grass or taking other drugs.

I mentioned that the apparant increased use of depressants and stimulants in this study was disturbing, as I am afraid that it indicates a very dangerous trend in drug abuse. I think that a brief look at the drug abuse cycle is worthwhile.

The so-called drug cycle or culture began in earnest in the mid-1950's with the use of LSD. This was soon followed by the increased use of marihuana. In the early 1960's the harder drugs began to make their appearance and continued to show substantial growth of actual epidemic proportions up through 1971, while the use of LSD, the drug that had seemingly begun this whole cycle became less and less frequently used because of the reports among users of bad trips, et cetera.

On November 20, 1972, the New York Times reported that studies conducted at 26 colleges in the tri-State area showed an alarming increase in the use of so-called soft drugs, such as barbiturates, marihuana and hashish, and the rise of a "downer" known as "quaalude" popularly known as "sopers."

The danger involved in this is that there seems to be an apparent lack of knowledge among people that alcohol and barbiturates are probably the most addictive drugs known to man. Alcohol is particularly dangerous because it is accessible, inexpensive, and socially acceptable.

As mentioned above, few people seem to realize how dangerous the combination is of alcohol and barbiturates. The death this past week of the eldest son of J. Paul Getty at the age of 48 due to an overdose of alcohol and barbiturates clearly illustrates what will happen a thousand times or more in this country in this coming year.

There is one encouraging factor here, however, in that all reports clearly show that there has been some leveling off and possibly a decline in the use of drugs at all levels.

One of the questions that this committee is asking is, is the dissemination of information of the dangers of drugs of value. There are approximately 560,000 narcotic addicts, including heroin addicts, in this country. This is about 0.3 percent of the population.

Medical doctors would certainly have the greatest knowledge of anyone concerning drugs and drug abuse. According to an article in the Wall Street Journal dated December 7, 1972, up to 5 percent of the country's doctors are drug addicts.

An article in Modern Medicine dated January 22, 1973, said that it is estimated that doctors make up 15 percent of all the drug addicts in the United States, England, Germany, Holland, and France.

In effect, it would seem that a physician, even with all of his knowledge, is 30 to 100 times as likely to become a drug addict as the average layman. Alcoholism is considered an occupational hazard, and the figures there are even higher than those just mentioned in regard to other drugs.

A very somber note is that over 100 physicians will commit suicide this year, and the largest group of those will be made up of psychiatrists, the very men who are trained to deal with suicide.

It is actually the purpose of this committee to explore the benefits of extending the Drug Abuse Education Act. It has been reported by many sources that drug abuse education actually had caused students to lose their fear of drugs and contributed to increased drug usage.

It was reported in the Miami Herald on December 2, 1972, that a study in Ann Arbor, Mich., of 935 junior and senior high school students by a University of Michigan professor produced evidence that drug education had greatly increased their rate of drug use.

A Dallas survey in 1971 also showed that the only significant change in student drug use was an increase in the intake of alcohol.

I think this brings us to the real crux of my testimony before this committee, and that is this. It is not a law that is passed or the money that is allocated that produces the end result. It is how that law is implemented that will determine whether or not a program is a success or a failure.

In studying drug abuse in the schools, as the chairman of the Youth Guidance Council Committee of the PTA, certain deficiencies in the drug education program in our Dade County schools became readily apparent, and in a report read to the executive council on March 1, 1973, these deficiencies were pointed out.

The State of Florida has a law which says that drug abuse programs must be installed in each school and a course taught in same. And I will not mention the school because I am sure that it is not unique but simply represents an example. A group of teachers were sent for special training to teach drug abuse programs.

After completing these programs, none of the teachers taught any of the drug abuse programs. The courses were taught by the social sciences department teachers who had no previous training whatsoever. Those interviewed who had taken the courses made the comment that they knew more about drugs than the teachers did and the films were good training films in drug usage.

We made, and still make, the following recommendations. There should be a standardization in the qualifications for teachers teaching drug abuse courses, and more importantly, there should be a standardization in qualification for guidance counselors.

A degree in counseling at the master's level should be required of any individual holding the position of guidance counselor in a school. Preference should be given to counselors in elementary education, and counseling must begin in elementary schools.

Counselors should be defined as persons who work with children in all of life's situations. They should be trained to understand that drug abuse is only a symptom of a complex of many problems.

The counselor should be a counselor in the true sense of the word, working with the student on problems related to school, home and personal identity. He should be qualified to refer students to psychologists, outside social agencies, and drug programs when needed. He should be qualified to help with mild behavioral modification of the student.

A guidance counselor should not be, under any circumstances, a program adviser, a disciplinarian, or a clerical worker. Unfortunately, in the past, too often the so-called guidance counselors have been appointed strictly on the basis of friendship with the principal because of the extra money involved in holding that position and have filled the position acting as program advisers, disciplinarians, et cetera.

I do feel that the Drug Abuse Act, properly implemented, particularly in the new climate of a trend toward a decline in the use of hard drugs as reported in the New York Times, November 20, 1972, could serve as a valuable tool. The goals must be prevention first and rehabilitation second.

Recent studies in several periodicals have established that up to 40 percent of students and ex-servicemen reporting for drug treatment felt that they were physically addicted to drugs. Tests, however, established that they were still not physically dependent on the drug.

Only one conclusion can be drawn from this and that is that drug training courses had made these people so aware of the addictive properties of drugs that at the first signs of phychological dependence they were frightened enough to seek help. Needless to say, treatment at this stage of drug abuse is going to be far more successful.

My sincere thanks to this committee for your attention to this long and rather complicated presentation.

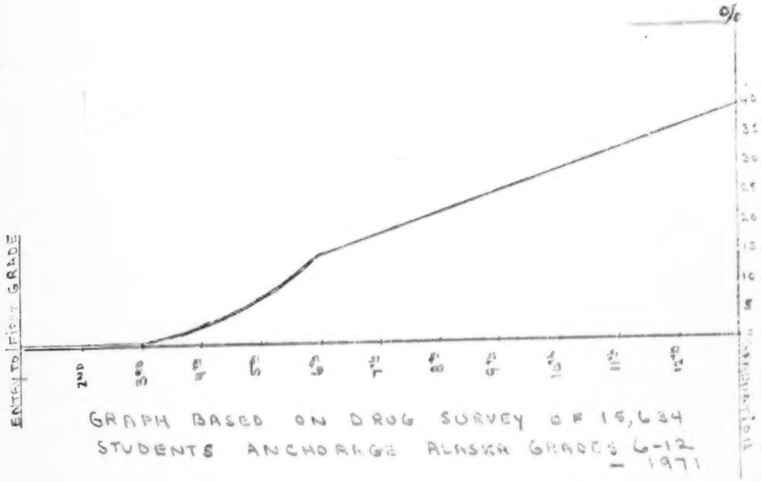
Mr. Brademas. Thank you very much, Dr. Tyler. You obviously put in a good deal of thought, and have had a good deal of experience, in this particular field. We are grateful to you for having so carefully analyzed the problem from your perspective.

Do you happen to have a copy of that article in the American Journal of Psychology to which you made reference?

Dr. Tyler. I have a copy with me. I will have to make you one which I will be glad to forward to you.

Mr. Brademas. That would be very kind of you because it is obviously the basis of a good deal of your testimony, and without objection I think we would like to include it in the record.

[The information referred to follows:]



GRAPH BASED ON DRUG SURVEY OF 15,634
STUDENTS ANCHORAGE ALASKA GRADES 6-12
– 1971

TABLE 1.—SUBJECTS WHO REPORTED THEMSELVES AS DRUG USERS[1]

Category	Number	Percent
College seniors	264	61
Male teachers:		
30 or under	158	66
31 to 40	72	43
Over 40	94	19
Female teachers:		
30 or under	264	54
31 to 40	85	41
Over 40	72	14

[1] "Drug users" excludes both those who have never used drugs and those who have tried drugs only once.

Drug abuse is defined as the repeated use of nonprescribed drugs and/or the illegal use of substances that affect the emotions, perception, and mentation of the individuals who use them.

TABLE 2.—RELATIVE POPULARITY OF DRUGS AS REPORTED BY HEAVY DRUG USERS: PREFERENCE IN PERCENTAGES[1]

Drug	College seniors	Male teachers			Female teachers		
		30 or under	31–40	Over 40	30 or under	31–40	Over 40
Marijuana	99	99	99	99	99	99	99
Hashish	36	23	24	7	32	20	4
LSD	16	10	8	2	8	7	0
Depressants	13	16	17	10	14	21	18
Stimulants	24	21	32	5	18	38	25
Heroin	4	3	0	0	5	2	0
Cocaine	6	6	0	0	4	0	2
Peyote	9	7	0	0	11	0	0
Opium	3	3	3	0	4	2	1
Others	12	9	8	3	10	6	2

[1] Janus, S., Bess, B. Drug Abuse, Sexual Attitudes, Political Radicalization, and Religious practices of College Seniors and Public School Teachers, The American Journal of Psychiatry, February 1973, pp. 187-191.

Mr. **Brademas.** I would say at the outset that I share your judgment that it isn't so much the law that is passed, or the money that is allocated, but how a law is implemented that will determine whether or not a program it supports is a success or failure. Of course, it is essential to have some money otherwise you are not going to have a program.

I think one of the great criticisms that our subcommittee has made of the administration of this program is that it has not sufficiently focused its scarce dollars on such problems as development of model curriculums, both cognitive and effective. And the Office of Drug Abuse Education and the Office of Education have not paid enough attention to planning so as to make wise use of the moneys, nor has enough attention been given to the dissemination, of whatever we have learned, across the country.

Those are just a couple of observations. I noted one statement at the bottom of page 3 of your paper in which you remarked that "all reports clearly show that there has been some leveling off and possibly a decline in the use of drugs at all levels." I wonder if you would expand on that.

Dr. **Tyler.** I really should have said "reports." There have been several reports that indicate there has been a leveling off of the use of drugs. I mentioned one in the New York Times, which I would also be glad to furnish you a copy of.

It studied 26 different universities and so forth. I think the important thing about this is the reason I went through this whole bit of going back and showing you how the drift was from the universities down to drug use is that the decline is beginning at the university level and there would be reason to hope and expect that this drift would also be in that direction.

There is no question in my mind, and I don't want to leave this committee with the feeling that the work that has been done by the drug abuse films and so forth has not been successful. It has been successful.

As I said, the reason many people report to programs before they are really physically addicted is because they are so frightened the first anxiety reaction they get they know they possibly can be.

I have also noticed in talking to students that there seems to be almost a trend beginning, and I try to stay away from the words "peer group" and "thrust" because they have been used so much, but I will mention this particular thing. My oldest girl's high school—she is getting her yearbook signed this year—the students that go to the seed program would not sign the books of those students that they knew were on drugs.

So, there is a pressure within the schools to make the students feel that this is not the in thing but the out thing. And as you talk to students about drugs this is the feeling you get. More and more we are saying this is not the thing. To be straight is getting to be a little more an important factor than it was, say, a matter of 2 or 3 years ago.

I would say this probably began to come, from what we can determine, from the end of 1971. I am sure some of this has to do with the film. I think it is a little bit like the old VD films we saw in the service. I don't think I will ever forget them because no matter when you went out on leave those things were always in your mind no matter where you went, and you said they really aren't affecting my thinking, but they are I think this is one of the factors.

I notice, though I personally don't drink, not because I am opposed to it, but we do serve drinks in our home and when we have a large group of kids over their parents are there having drinks. They make remarks about this—"I see you're having your fix," or something. This is the kind of thing you didn't hear a year or 2 years ago.

I think the straights are beginning to slowly come in.

Mr. Brademas. That is very helpful, Dr. Tyler. I might just also add that I was impressed by your paragraph on recommendations for standardizing the qualifications for teachers in drug abuse courses as well as standardization and qualification for guidance counselors. I thought those points were well taken.

Mr. Lehman.

Mr. Lehman. You said you wanted to be the devil's advocate.

Dr. Tyler. I didn't want to be.

Mr. Lehman. Is there any specific recommendation that you could relate that wasn't covered so far as to how to deal with the Drug Abuse Education Act as regards State, county, or any other school system?

Dr. Tyler. This is going to sound a little bit like a cop-out I would like to say one thing. As I listened someone was talking about advertising affecting the use of drugs. I just read, and I didn't bring it with me, but I will try to remember the figures, that cigarette smoking was the highest last year it has ever been. It is up 6 percent and it hasn't been advertised in the media. It has been cut off completely.

I think this is one of the erroneous things. I don't think kids are really affected that much by it.

Mr. Brademas. The TV——

Dr. Tyler. The TV media, which is really the media. I don't think anything impresses like TV.

I think the problem, and that paragraph is a little unfair to our school system in that, as you heard earlier, our real problem is we need money to get the people into the schools. Where we have had private agencies do this thing we have had tremendous success.

A lot of times you say we need counselors and they also have to be program advisers because they don't have the money to do it. I think if I had to say one particular area was absolutely a must that would be, first of all, that counselors be put into elementary schools.

The very first time that any student comes to that counselor and says, "I have tried marihuana, I have tried barbiturates, or I have gotten mother's pills," then immediately they be referred to a drug program. I think this is the place to stop it right there.

I think that when you wait till the secondary school or junior high school or senior high school then it is too late. I think the Catholic Church used to say that if you let us train your child till he is 12 he will be a Catholic for life. I think this is true of everything about our problems in life. Those things we learn up until the age of 10 or 12, that is what we really are.

I think we have got to move this thing back. Putting counselors into senior high schools is going to be nice, but I don't think it is going to do anything at all to affect the drug problem.

Mr. Lehman. Thank you, Dr. Tyler.

Mr. BRADEMAS. Thank you, Dr. Tyler, for your most helpful testimony.

Our next witness is Mr. Art Barker, the Director of Seed. Mr. Barker, we are glad to have you with us.

STATEMENT OF ART BAKKER, THE SEED, INC., FORT LAUDERDALE, FLA.

Dear Congressmen, I would like to first take this opportunity to thank you for the invitation and the opportunity to speak before you today.

My position with The Seed is Founder and President. I have been involved in the field of rehabiiltation for over sixteen years.

Through my work over these years, I have seen the drug problem advance to epidemic proportions, and, as a result, directed my aims toward the young members of our society, which precipitated my founding of The Seed.

These introductory statements give you the evolution of The Seed, which had its origin in Fort Lauderdale in August of 1970. In three short years, The Seed has helped 3,000 young druggies to kick their drug habits. With an innovative approach that is so uniquely different from any other drug rehabilitation in the the world, The Seed has a ninety percent success rate. The achievement ratio sets The Seed apart from any other program in the world. The per client cost of $250.00 establishes it as the most economical program in the world. Picture in your mind a moment—$250.00 saves one young person from a life of drugs with one of three alternatives—death, imprisonment, or psychiatric hospitalization. What an investment—$250.00 for one life!

To carry this cost factor one step further, I might cite our court referrals over the past few years. Approximately 500 drug abusers were probated to The Seed last year at a cost of $250.00 per referral, or $125,000.00 for the year. Compare this cost with the average cost of $12.50 per day for detention in a jail, prison, or state school with an average incarceration of six months at a cost of $2,250.00 per client, or $1,125,000.00 for 500 participants.

Considering the single criterion of day care cost, The Seed saved the taxpayers $1,000,000.00. This computation does not include the savings to the public and businessmen of astronomical costs from purse snatching, breaking and entering, shoplifting, etc.

The number of crimes committed as a result of drug abuse has reached epidemic proportions, in that every person who uses drugs sells drugs, and this usually leads to crimes such as sales and possession of drugs, etc. One of the largest areas that we deal with is the law enforcement area, whereby many clients are referred by the courts. During the past few years, we feel we have been responsible for a growing awareness on the part of law enforcement agencies in that rehabilitation, rather than imprisonment of young offenders is preferred. These young people are given an opportunity to straighten out their lives, seek rehabilitation, and become solid members of their communities.

The availability of drugs has also heightened its use; as you probably well know, it has found itself in the school area. Any drug that any young school age persons wants can be found in schools.

The Seed's success is reflected in the graduate's miraculous—it is a miracle—change in life style. Whereas he was making D's and F's with sporadic attendance, he is now making A's and B's with regular attendance. With a drastic improvement in attitude, his family relations have become harmonious. Because of his motivation, his work productivity has multiplied itself over and over again. His despair has been changed into hope, his sorrow into joy, and his hatred into love.

The philosophy and success of The Seed are based on the basic elements that young people can help themselves through their own peer pressure (the same peer pressure that started them on drugs). They learn to love themselves, love God, love others, especially their families, love of Country, be sensitive to the feelings, emotions, and needs of others, and be completely honest with himself and others. With these values, they don't need drugs.

The Seed is unique in that this program is based on massive involvement of young people, to reach the masses where the drug problem exists. The Seed is also a program that is very community oriented, in that education of the problem to the community is most paramount if we expect to combat this problem. This community involvement includes the schools, courts, and all areas of law enforcement, including the juvenile to adult levels, and the community at large.

Three years ago, the average age of the person that first came to The Seed was twenty, with the average drug abuse being three years. Today, the average client age is sixteen, with three years of drug abuse. These figures are not only indicative of our program in Florida, but these figures represent the national average.

Seedlings come into the program by court referral, school referral, parent referral, or voluntarily. The program length is three and one-half months, with the court program double this time. As a non-court referral, he remains on his ten (10:00 a.m.) to ten (10:00 p.m.) for a minimum of two weeks. This time is doubled for the court referral—a minimum of one month.

The second, or extended phase of the program, continues for a minimum of three months for the noncourt referral, which is doubled for the court referral to a minimum of six months. During this period, the Seedling returns to his home and to his school or work. He attends Seed meetings three nights each week, one of which must include an open meeting, and all day Saturday or Sunday.

The Seed is also unique in that involvement by the family is one of our prime criteria for success. Not only have our families been involved when their own children are actively participating in the program, but many of them continue to be involved for as long as two years after their children have graduated. The greatest involvement on the part of our families is the opening of their homes to the newest members of the program. These "foster" homes provide the newcomer with a family setting. He learns how to communicate with members of a family, and this experience enables him to establish a better relationship with his own family. This experience is also good for the foster home, in that they, too, become more understanding of their own family relationships.

These foster homes are carefully screened by the Staff, placing newcomers in homes suited to their personality, age, sex, drug involvement, etc. All new clients who enter the program are placed in foster homes.

Our young people pride themselves on their getting straight, their involvement in furthering their education, their involvement in community activities, the esprit de corps with their fellow members, their confidence in themselves, their desire to help young people, and their desire to be known as part of a group that is helping others.

The area of drug abuse that has been most prominent during the past three years is the involvement of barbiturates and tranquilizers. Ninety per cent of all our clients have used this particular area of drugs. We know, for a fact, that if the vast majority of drugs is eliminated from the market, this would assist in alleviating the epidemic use of these drugs.

The dynamics of the program are achieved through the interaction of each facet of the program. A few parts, or a few features, could not be isolated apart from the total program. For this reason, The Seed could not be copied with success. It would be impossible to develop a Seed-type program. Only The Seed, itself, in its entirety, will work.

I originally chose the name "The Seed" from the biblical quotation, "If you have the faith of a grain of mustard seed, you can move mountains." I changed the word "mountain" to "community". The Seed has moved three communities—Fort Lauderdale, Miami, and St. Petersburg. Through your help, it can move every community in the United States with the spread of The Seed.

STATEMENT OF ART BARKER, DIRECTOR, THE SEED

Mr. Barker. I appreciate very much the fact that you took the time and interest and I know your concern for children and your background, and I am delighted you could come and see the kids.

I brought some people with me. I brought the school board chairman of Broward County, Dr. Lyle Anderson, and a former president of Broward Community College, Dr. Jack Taylor, who is our director of administration.

It won't take me long. I am all for education. I am 100 percent for it. I have got the most successful drug program in the world. It is 90 percent successful. We are in Broward, Dade, and Pinellas Counties and we are opening in Fort Myers in Lee County to handle that five-county area in the next 60 days.

This is just an example. And before the year is out we will have six Seeds in the State of Florida and we hope to be in two other States because there are 28 States that want us.

We have probably a thousand kids from the school system of Dade County right now in the program at Tropical Park at the Seed. I am most anxious to see the thrust of education on the elementary level. I want to see people get to the kids before they ever start to use drugs.

And I want to see a counselor trained to recognize a drug problem and to realize that they cannot handle that drug problem in the school system but to refer it to a State licensed drug program. That is really the answer because every kid who is using drugs is a "typhoid Mary" turning on every other kid, including his own kid brother and sister, and that is how it is.

For all the kids we have from the school system right now, and this is the way it is going, heroin might be dropping off but the kids are going from marihuana right into barbiturates and tranquilizers and cocaine, and they are starting at a much earlier age.

When I started The Seed the average age was 20 years of age for 3 years of drug abuse. Now the average age of kids walking into The Seed is 15 years old with 3 years of drug abuse.

I don't know what else I can tell you except that we have had the finest cooperation from the courts and from the district attorney and the sheriff's department, the police agencies We have had great cooperation with the division of services for probation and the finest cooperation with the school systems, so we are most anxious to see this work.

We want to see it start early with these kids. I don't know what you are going to do. I do know this, that the films that were used enticed more kids into using drugs than ever took kids off. I think those films were a waste of time, so I am hoping maybe more of a personal encounter by a counselor with these kids in not needing drugs, in not copping out, in having the courage of your own convictions to stand up and face life and have the ability to go out and be romantic, idealistic, and adventurous and become a great American. I think that is what we need more of.

It probably sounds pretty corny but that is it. I really can't say anything more now. Like I said, I did bring Dr. Anderson with me. If you wouldn't mind, I would like to step away from here for just a moment and have Dr. Anderson of the school board of Broward County say a couple of words.

Mr. **Brademas.** Mr. Anderson, do you want to introduce yourself and make a statement?

Mr. **Anderson.** My name is Lyle Anderson. I am chairman of the school board in Broward County and I would like to just briefly state that I think this is a matter of priorities. The first things we should do in the school systems is when we recognize there is a drug problem refer the kid out of the school to a drug rehabilitation program, not suspend him, but refer him to a licensed rehabilitation program.

As far as drug education is concerned the highest priority is to train the teachers to recognize when a child is under the influence of drugs or when he is a potential user of drugs. I think this is a much higher priority than a drug education program for the kids.

Once the teachers recognize this they can go along with what the doctors say, and that is refer him to a drug rehabilitation program. I believe, as he said, that we can get being straight the inkind of thing to do.

When you get along into drug education, as you stated earlier in the day, people from the Dade County school system have stated, and as you have stated in your experiences in Washington with some of the hearings there, there is no one answer. There is no particular curriculum that a professional will stand on as being the answer.

Certainly you must appropriate some funds to continue investigation in these particular avenues. I think that by and large what is being done and what appears to be most effective is really education. It is really providing the kids with an opportunity to express themselves to one another.

If we would do a good job in our school system and have the right kind of funds for education perhaps we wouldn't have so much of this drug program after all.

Thank you very much.

Mr. **Brademas**. Thank you very much, Mr. Anderson.

Mr. **Barker**. Part of our education, believe it or not, is everything from Popeye Playhouse, which is a kiddy show down here. We have one of our Seed kids on that show every single week and they are reaching those young kids who have never used drugs. This is not some older person, a hard core junky or anything like that.

This is a kid who is maybe 13, 14, or 15 years of age, who has been into the drug bag and is now straight and he is telling these young kids how great it is to be straight. This works.

Part of the other things we do is sending our kids to PTA meetings to educate the parents, to go into the school systems themselves in a mass assembly and talk to large numbers of kids about how great it is to be straight.

I have one other man I would like to introduce to you very much, the former president of Broward Community College, Dr. Jack Taylor.

Mr. **Taylor**. Mr. Chairman, Mr. Lehman, thank you again for giving me this opportunity. I would like to reiterate a couple of things that have already been pointed out. Certainly Dr. Tyler pointed out the need for counselors at the undergraduate level.

I was once in counselor training at West Virginia University. I taught the counselor training program for 7 years. I feel it is very important to have counselors, especially at this young age.

I think, beyond that, the name of the game really is being able to identify. I think all teachers should be able to identify young people who are using drugs. This would be an important phase of the school program in which teachers do learn to identify.

But, I don't think the drug rehabilitation should take place in the school. When the teacher, counselor or the principal recognizes that a young person is on drugs that person should be immediately referred to a licensed drug rehabilitation program.

I served as dean of student affairs for two institutions for a period of about 10 years. One of my frustrations was the fact I could not help young people who were on drugs, even though I had many years of training as a counselor. Really, I could not help that person by counseling that person or putting my best counselor to try to help that person.

There was no way because that person would get back with his peer group and get back in drugs. So, I really do reiterate this aspect of referral—identification and referral. Certainly I advocate the program that you submit. I think we need funds to educate and learn more about the drugs, especially from the standpoint of referral.

Thank you very much.

Mr. **Brademas.** Thank you very much.

Mr. **Barker.** I think The Seed has been responsible for some of the laws being changed in the State of Florida because Representative George Baumgardner came to see the program and he was instrumental in leading the fight in the State to get $2 a day for 60 days for nonresidential programs and $5 a day for 60 days for long-term live-in facilities. We know it costs a great deal more for that.

Also, another bill was passed which just says don't throw the kids out in the street if they are caught with drugs in school but refer them to a rehabilitation program, then you can take them back in.

Over half the kids we have taken who were formerly school dropouts have now gotten their GED's, and we are talking about a great number of kids. Many of these kids are going on to college and universities throughout the United States.

Mr. **Brademas.** Thank you, Mr. Barker.

Let me commend you for your program and ask you a few questions about it. As I listened to what you had to say, in telling us about The Seed program, and to what Mr. Anderson and Dr. Taylor have had to say, I concluded that the thrust of the Seed program is not so much on drug abuse education in the school system, which is the kind of program that is supported by this legislation, but it is directed toward another aspect of the problem, which is to say, rehabilitation.

And, the one program is on all fours with the other. They need not be mutually contradictory but both are necessary. Do I understand you to be taking that point of view?

Mr. **Barker.** Absolutely.

Mr. **Brademas.** Another question that I would like to ask you about is your statement that The Seed has a 90-percent success rate, and then you speak of achievement ratio. Can you tell a hard-headed politician from Indiana how you define success rate and what you mean by achievement ratio? How do you measure these matters?

Mr. **Barker.** Let's talk about the success rate. A kid being totally off drugs, his whole attitude toward life being changed, he loves himself, he loves others, loves God, loves country, is totally honest and aware. This is what we manage to do in The Seed program.

If you will look at the last page in the statistics there, I am going to explain something to you. We know where every kid is who has graduated in the Seed program. We know our successes and failures. We have a followup program that is absolutely unbelievable.

We use the school system itself. For instance, in Broward County that kid who was formerly making D's and F's is now making B's and A's. He no longer hangs out with the drug users.

We check through his family. If he is on parole or probation or DYS, Division of Youth Services, if he is working, his employer, the attendance of the kid himself, the total involvement, his change in attitudes toward life. That is the way we gear success.

We have a criteria for success that we have explained and defined. I don't know anybody else who has, but we say this is successful.

In the first week that a kid comes in there if we find that he is not progressing like another kid and there might be a deep-rooted psychological problem we refer him to a psychiatrist or psychologist and the psychiatrist or psychologist says "We don't think that you are going to help this kid under your program but we think we can help him." That is fine. We don't count that a success or failure.

The only thing we do not count is something that the National Institute of Mental Health says we can't count. That is people who put the kid on a program and then pull him off, parents. This is unfortunate. This is called removing someone from a program against the program's advice.

This is the only thing we don't count. Everything else we count. Ours is the most successful program in the Nation. It is the cheapest program. It only costs $250 per kid and it is the largest program.

Mr. **Brademas.** How long has the Seed program been in existence?

Mr. **Barker.** Three years. If you will look at the bottom of that last page I will be happy to go along with you where it says, "The followup of Seed graduates is done on a regular basis. During the first year after graduation they are followed up every 3 months. After the first year followup is done on a yearly basis. A survey recently compiled has shown that out of a random sample of approximately 45 to 50 percent of all graduates, 95 percent continue to stay straight, 50 percent continue to attend graduate rap sessions that are held regularly at the Seed and the total number of graduates at that time was 972. It is almost doubled now.

Mr. **Brademas.** What are the major ingredients of The Seed programs?

Mr. **Barker.** Teaching kids not to play games. That is the biggest thing in the world. When a kid walks in there——

Mr. **Brademas.** Walks in where? Do you have a physical facility?

Mr. **Barker.** We have Tropical Park racetrack in Dade County. The odds are 90 to 1 we will get your kids straight.

Mr. **Brademas.** Is it an overnight facility?

Mr. **Barker.** It is a foster home situation where the kids are brought in and referred by the parents, referred by doctors, or attorneys, or referred by the courts. We sign that kid on the program and that kid is immediately assigned to a foster home.

He has to be at The Seed program from 10 in the morning till 10 at night, then he must live with someone who has successfully graduated the Seed program and whose mother and father have been involved in the program. It is a total package, a whole family affair, mothers and fathers have to come two nights a week.

Mr. **Brademas.** How many young people would be in the program at any given time?

Mr. **Barker.** I think all told there are some 1,300 Dade County kids. I don't know how many of them are graduates. I would say there are about 1,000.

Mr. **Brademas.** How big a professional staff would you have?

Mr. **Barker.** A professional staff on the upper level for the corporation; Dr. Anderson, who is the President of the School Board Services; our Director of Research and Follow-Up under an NIMH grant; Dr. Taylor is Director of Administration; Dr. Lester Kayser is Director of Psychiatric and Medical Services on a grant from

NIMH; Mr. Edward Swan from the U.S. Commissioner is Director of Legal Services. This is our professional bunch besides the nurses in each clinic and the doctors we have on a daily basis who work as volunteers.

Mr. BRADEMAS. What would your annual budget be?

Mr. BARKER. It probably costs about $1,000 a day to run a Seed program. Last year we had $177,000 from the National Institute of Mental Health, some $35,000 from LEAA, the Law Enforcement Assistance Act, and the rest of it was from the community.

In Dade County we have no Federal grants as of now. We are applying for them, but we are to start being given money from the United Fund. Most of our money, believe it or not, comes from the community itself; church groups, Kiwanis Clubs, Rotary Clubs, Optimist Clubs, the people in the community and the mothers and fathers themselves.

Mr. BRADEMAS. You have not received any money under the Drug Abuse Education Act, I take it?

Mr. BARKER. No, sir.

Mr. BRADEMAS. I must say it is a most impressive enterprise in which you are engaged, Mr. Barker. I wish you continued success with it, and hope that you will find that the followup you have indicated has proved a success in the first 3 years will continue to be a success and other communities in the United States will be able to learn something constructive from what you are doing here in Dade County.

Mr. BARKER. I thank you very much. We are delighted the Bicentennial Commission of the State of Florida, for instance, adopted us and encouraged The Seed to open in every community in the State.

We have people on their way down here from the national level whom I am going to talk to this afternoon who are very interested in this. The Federal Executive Board locally helped us tremendously and I understand that 25 Federal Executive Boards throughout the United States are very interested in seeing the program.

I hope to see you in Indiana one of these days.

Mr. LEHMAN. In talking about the use of drugs and things, do you deal at all with the alcohol problem in young people?

Mr. BARKER. Alcohol is another drug that these kids use. They start on marihuana and you will find most of the kids who start on marihuana go to barbiturates, tranquilizers, cocaine, and they will drink also. So alcohol is part and parcel of the whole thing. That is part of what we talked about in drug usage.

The funny part about [illegible] when you mention alcohol, most of the kids that come to us have [illegible] families, very good families, fine mothers and fathers, but [illegible] also part of the community referral system. We refer a great [illegible] of those parents to AA because they have drinking problems.

Mr. LEHMAN. You deal with it on a family level more than the individual level?

Mr. BARKER. Yes, sir. That is the whole point. You can't get to a kid 1 hour a week or 1 [illegible] a [illegible]. There is no way you can do it. You have to get that kid in a very extensive peer pressure program where the family is totally involved too. That is the name of the game and that is why it is successful.

You can't take pieces apart and make it a success. It is the whole total package.

Mr. **Lehman**. These success cases, do they have other kinds of personality problems or psychological problems?

Mr. **Barker**. Absolutely not one case of that. When they go through the program they find themselves. Every kid is born romantic, adventurous, and idealistic. Sometimes they lose that. We want to reestablish that. These kids at 18 years of age can't wait to run down and register to vote. They are actively involved in community affairs.

While they are on the program they only associate with Seed kids. The minute they graduate from the program they are encouraged to make as many straight friends as possible. We follow these kids up. They are actively involved. They are kids who are becoming psychologists, psychiatrists, doctors, lawyers, ministers.

Mr. **Lehman**. It worries me a little bit that you turn out these idealists because the real world is not an ideal place.

Mr. **Barker**. I know, but they came from that. They are taught reality. I am a realist although I am an idealist to the point that I want to see things better. I think we can make things better and I see nothing wrong with that.

If a kid is taught—Here he was a dropout, the lowest rung of society, and now suddenly a kid realizes he has changed himself, he has changed his mother and father, the kid next door. He suddenly realizes he has an impact on thousands of people as long as he lives. This is what we are talking about.

Mr. **Lehman**. Thank you.

Mr. **Barker**. Thank you and God bless you.

Mr. **Brademas**. Thank you, Mr. Barker. It is most helpful testimony. Our final witness is Shirley Patrick Hagen, from Miami-Dade Community College.

STATEMENT OF SHIRLEY PATRICK HAGEN, CHAIRMAN, DRUG ABUSE, EDUCATION, COUNSELING DEPARTMENT; DIRECTOR, STUDENT COUNSELING ON REHABILITATION AND EDUCATION

Society has, for the last six years, intensified its efforts to identify and analyze factors associated with alcohol—drug and narcotic addiction—factors of changing patterns, cause, effect, similarities in use, outcomes and social reactions: it has sought to identify addiction potential, "the addictive personality," analyze treatment modalities, recidivism, law enforcement methods, and effective drug education programs.

This issues, however, spiritual, psychological, political and social continue to become increasingly complex and those working most diligently in the field agree that we are far from understanding and resolving the problem. It is critical, therefore, to continue to study, research, compare and contrast all the areas of Drug Abuse Programming, and to be concerned with the exploration of innovative and experimental techniques—particularly those which incorporate the thinking, the talents, and leadership of young people for whom these programs are designed.

PHILOSOPHY, RATIONALE, GENERAL RECOMMENDATIONS, AND REPORT ON ACTIVITIES ASSOCIATED WITH DRUG ABUSE COUNSELING AND EDUCATION CENTER, FALL 1971–SUMMER 1972

PHILOSOPHY

The Department of Drug Education and Counseling views the problems of substance abuse as a symptom of an emotional illness that has pervaded the American social climate and which has, in Dade County, reached epidemic proportions. (1)

The Chairman of the Department recognizes the need for and assumed the responsibility of coordinating and implementing a viable, drug education and counseling center which serves the needs of both the institution and community at large.

Rejecting as ineffective and counter productive those programs that treat the symptom while ignoring the causes. (2) psychological, social, and political, the emphasis in the Drug Abuse Department is on behavioral attitudes, values (moral, ethical, philosophical and/or spiritual), goal identification, personal-vocational.

Aware of the lack of unanimity of opinion that exists among professionals as regards the whole spectrum of Drug Abuse (cause, methadone, prevention, recidivism) the Chairman of the center holds no absolutes in the areas of education and counseling.

(1) See attached: Statistics, etc.

(2) Such programs have most recently been brought under criticism by the July, 1972, Senate Drug Abuse Hearings conducted by Senator Claude Pepper.

Research has, however, yielded significant recommendations, and general concepts of programming. Those concepts which have the common endorsement of addiction specialists and which the Chairman participated in formalizing, (3) served as guide lines in the establishing of the objectives in the department's four major areas of concern—Prevention, Education, Counseling, Rehabilitation, and have engendered (on the Chairman's part) a search for a viable design in drug education that resulted in the development of the Project SCORE. (4)

GENERAL RECOMMENDATIONS

The following concepts have been assimilated in an effort to familiarize the reader with a cross section of psychiatric, psychopharmacological, law enforcement, and sociological opinion on education-counseling issues basic to drug abuse, and pertinent to the center. Selections were made on the basis of the expertise of the contributors whose works were compiled and published in three major sources:

1. Concepts and Recommendations of Task Force on Drug Education White House Conference
2. "Resource Book for Drug Abuse Education" National Clearinghouse for Mental Health Information
3. "Drug Dependence and Abuse Resource Book" National District Attorneys Association

(3) Chairman was member of Drug Abuse Task Force and White House Conference

(4) Project SCORE: (Student Counsel on Rehabilitation—Education) A program in Peer Group Counseling and Positive Alternatives conducted by students of Miami-Dade Community College—South Campus, under the supervision and instruction of the Chairman of the Drug Abuse Counseling Department.

STATISTICS

1. Bureau of Narcotics and Dangerous Drugs (1972):
   25,000 deaths a year—drug related.
   500,000 heroin addicts in United States.
   Seven to twelve million chronic alcoholics.
2. *Dade County:* (1972):
   3,500 heroin addicts ($50.00/$100.00 per day habits).
   55% crimes drug related.
   30 heroin-methadone infants born Jackson Memorial Hospital (1972).
3. 133 investigations (Elementary, Junior, Senior High Schools) and 103 arrests—drug related.

"The 'drug problem' is a people problem—not a chemical problem. An informational, logical, rational, intellectual approach to a drug prevention will not succeed alone."

—*Dave Cox*

"A large segment of our population looks to drugs to alleviate a host of discomforts. Young and old alike are inundated with commercial sophisms eulogizing drug products. Education, to be effective, must first recognize the complex historical, social and psychological setting as a powerful stimulus to the use and abuse of drugs."

—*National Institute of Mental Health*

"The majority of existing drug education is inadequate and counter productive because it tends to alienate the young and cause reactive alarm in adults. It disregards the fact that drug abuse is as much an adult problem as a youth problem."

—*White House Conference*

"Abuse of alcohol still creates more mental and physical suffering among our citizens than abuse of other legal drugs."

—*Seymour Halleck, M.D.*

"It is impossible for drug education to be completely effective without radical alteration of attitudes, values, outlook, and existing social institutions that perpetuate racism, economic exploitation and other social injustices."

—*White House Conference*

"Our use of alcohol, drugs and even tobacco are all forms of escape through sedation. We worry about the young and their use of drugs, which are used for 'mind-expansion.' We can help steer them from their drugs if we stopped living as if 'we preferred sedation.' "

—*Marlin Dearden, M.P.H.*

"Effective communication has been shown to be a function of the prestige of, respect for and credibility of the communicator. It has been demonstrated that attempts at persuasion based on a high fear appeal are generally ineffective and may boomerang, especially with subjects of high intelligence. This type of appeal almost invariably casts doubt on the credibility and motivations of the communicator. An audience which becomes concerned with testing credibility will be distracted from the real issues presented in the communication."

—*Helen H. Nowlis, Ph. D.*

"If the real goal of the school system is to diminish the use of drugs, this means changing the behavior of students."

—*Marlin Dearden, M.P.H.*

"Neither harsh penalties, vigorous police surveillance, nor determined efforts to diminish the flow of drugs into the country have prevented millions of young people from experimenting with pharmaceutical agents alleged to be dangerous."

—*Seymour Halleck, M.D.*

"The best deterrent to drug abuse is the individual's value system. Decision making can be aided when sensitive teacher-student relationships are based upon mutual understanding, integrity, and honesty are established."

—*National Institute of Mental Health*

"The most prevalent but least effective theme in the drug education program is to 'scare the hell out of them'. Unfortunately, many of the doctors and police officers who participate in this technique have had neither the motivation nor the time to familiarize themselves with the literature."

—*Seymour Halleck, M.D.*

"Exaggeration, distortion, and sensationalism are propaganda, not education, and have no place in the school."

—*National Institute of Mental Health*

"Students as a group have more knowledge about drugs (especially experiential knowledge) than do faculty. The receptivity of students today is low if they feel they are being lectured to on a topic they know better than does the lecturer. There have been reports of students finding that their interest and curiosity about drugs was actually increased by these methods."

—*Marlin Dearden, M.P.H.*

"Prevention of addiction ought to be our #1 priority. Preventative measures also ought to reflect the subtle, yet key, distinction between drug information (typically received as a scare tactic) and a drug *respect* approach."

—*Dave Cox*

"Unless lack of knowledge about drugs is a significant contributing factor to the use of drugs, we must question the thesis that an informational approach will alter the patterns of usage. The history of health education casts doubt on the idea that factual knowledge alone is likely to discourage a form of behavior in the face of strong pressures to start and continue it."

—*Marlin Dearden, M.P.H.*

"The most important aspect, at present, of drug education is the offering of alternatives. This has been neglected in the large majority of programs throughout the nation. Students must be shown that drug use is not the only means of intensifying or gaining experience.

—*V. Dohner*

"A Peer Counseling Program could be developed that would provide the opportunity for students to relate with their peers and positively affect the adjustment of alienated students in the school community. This type of program would permit some to relate with younger students and parents."

—*Dryan C. Smith*

"Youth say they are using consciousness-altering drugs in an effort to expand their awareness. We must develop programs which help them to accomplish this in other ways."

—*V. Dohner*

"Some drug users will avoid, at all costs, any person or program identified with drug education-prevention. If stepping forward to explore the possibilities for help carries with it identification of the student as a drug user, the only thing that will be prevented for many students, regardless of the noble intentions involved, will be the critical step forward."

—*Dave Cox*

"It is essential that you be involved in the evaluation of existing drug education programs and in the development of new ones."

—*White House Conference*

"Discovering or increasing creativity has been given as a reason for utilizing the so-called psychedelic drugs. We must teach that creativity is not a product of the drug experience. Creativity is an intrinsic characteristic of all mankind. We must teach how to develop abilities and meaningful self-expression."

—*V. Dohner*

"All persons involved in the drug counseling relationship should be apprised of their obligation to keep completely confidential any information which they gain in the course of this relationship. State legislators should extend to the persons being counseled the privilege to prevent the counselor and others, if group counseling is involved, from testifying as to statements made by such persons during counseling in any judicial, administrative, or legislative proceeding."

—*White House Conference*

"Essentially, the young we tend to worry the most about are the rebels—the ones who reject not just our life styles, but us—us either as hypocrites or clods. Perhaps they are more conscious of our basic values—our spiritual principles—than we are. They are sensitive to the seeming contradiction between what we preach and what we actually do, how we actually live."

—*Joseph Maloney, Ph. D.*

"Aesthetic appreciation of music, art, nature and beauty is said to be increased by the use of certain drugs. We must develop education to assist youth in learning to appreciate these facets of life *as intently as, or even more intently than, with the use of consciousness-altering chemicals.*"

—*V. Dohner*

"It is important to involve persons in drug education who, because of their own drug experience, are particularly credible and can relate to drug users."

—*White House Conference*

"To help change attitudes and stimulate thinking a youth consultant who has surmounted a drug problem could be utilized. The experiences and insights that they can share with students can be a means for providing some of the most significant education experiences."

—*Dryan C. Smith*

"Innovative approaches should be encouraged as no single deterrent current program will work with all drug-dependent individuals. However, all programs, except traditional psychotherapy, should involve rehabilitated ex-users as counselors and consultants."

—*V. Dohner*

"Ex-users can provide a valuable liason, serving as sympathetic advisers to staff as well as informal counselors to students who cannot be reached in any other way. Ex-users are in a strategic position for dealing with the student who insists that anyone who has not had the experience cannot understand and should not sit in judgment."

—*Helen H. Nowlis, Ph. D.*

"It is imperative that drug education also take a positive approach by encouraging alternatives to drug abuse such as growth of self-respect, constructive social action, realization of personal goals, etc."

—*White House Conference*

"A drug education curriculum that fails to deal with the attitudes, underlying problems, social unrest is of little value of today's student."

—*Dryan C. Smith*

"Genuiness and no labeling of programs are tantamount to any chance of people into the drug scene making themselves psychologically open to 'helpful' gestures."

—*Dave Cox*

"Many students who have been involved with drugs tend to be humanistically idealistic, to have relatively low tolerance for frustration, and to have a number of paranoid feelings. They tend to reject outright any direct appeals or any offiers of 'help'. They may seek out an individual whom they respect and trust with whom to talk around the issue. That they can ever be really persuaded by others to stop is questionable."

—*Helen Nowlis, Ph. D.*

"All potential contributors to drug education should be required to have appropriate and relevant training and experience."

—*White House Conference*

"The communicator must make sincere assessment of his own goals and motivations. The goals of a program should be clear to him and to those he seeks to educate. He should recognize but not conceal his own biases; he need not apologize for his own position even as he is careful not to impose it on others."

—*Helen Nowlis, Ph. D.*

SUMMARY

There are no sure recipes for an infallible drug-education program, nor does the responsiblity of resolving a problem of such magnitude rest with an educational institution. Spectrum House puts it accurately in their brochure: ". . . . discovering the causative factors and relieving the pain of those presently suffering, is a task too large for any specialized agency or any combination of agencies and experts. It is a total community problem and it can be solved only by total community involvement."

There is no one answer as to why students take drugs. Boredom, curiosity, desire for acceptance, to find meaning in life, to be reborn, to experience the cosmic, rebellion, to expand consciousness, and to feel good, are among the motivations most commonly listed. It is not constructive to negate or reject the validity of feelings which these drugs satisfy. They are real, and lie close to the heart of a significant number of young people. The challenge to educators, and in particular the Drug Abuse Education Counseling Department, is to provide legal and creative ways of responding to them. As such the Center is responsible for establishing a program towards which there is a positive student response, and whose objectives are consistent with the broader goals of the institution.

Students will be encouraged to assume leadership roles in all aspects of the program, to question, research and weigh evidence of controversial issues in an objective climate which seeks to demonstrate that there are more lasting and more permanent ways of experiencing joy, and gaining insights that that of absorbing psychoactive chemicals.

PEER COUNSELING CENTER PROJECT

RATIONALE

Traditional social institutions are finding themselves challenged to cope effectively with contemporary social problems. Contradictory and rapidly changing norms in a complex, legalistic society have augmented the alienation of many young people. Lacking uniformly accepted ethical standards or dependable reference groups, many youths are in conflict with themselves, their families, and their society.

Distrusting of the values and rejecting of the life styles of the "establishment" (included in which is the professional counselor and conventional counseling modalities), the discontented young find few credible sources upon which they can rely for their counseling needs. In a search for solutions to their drug, sex, and philosophical conflicts they have turned to their peers, many of who are as confused as they and incompetent in the role of clarifying counselors; reinforcing negative values, pitying rather than empathetic, identifying rather than objective. "The youth advisor" is a poor substitute for the skilled, informed, responsible counselor.

That such a category of para-professionals could be effective led to the recognition on the part of many drug educationists that a peer group counseling training program would be one significant answer to the problem of the alienated young.

BRIEF DESCRIPTION OF THE PROJECT

A Peer-Counseling Training Program has been established at Miami-Dade Community College, South Campus, for the purpose of providing students with both the philosophy and the techniques of counseling in order that they may become effective helping agents. The training program is conducted in a two-semester sequence of credit courses offered as PSY 102 under the title of Personal and Social Development.* Those students displaying a specific expertise in addiction counseling will be equipped to staff a Peer-Counseling Center under the direction of the Director of the Drug Abuse Counseling Program. It is hoped that in addition they will constitute a valuable resource for the community in the course of their daily lives. Their acquired listening and clarifying skills can make them health-engendering persons for those with whom they come in contact.

Funds are being requested in order to expand the services in the Peer-Counseling Center to meet the increased student and community demand. Financial support will make it possible to broaden the scope and reach of the program within the institution and the community. The Center will attempt to meet a variety of needs by providing, in an unthreatening atmosphere, an opportunity for one-to-one counseling, group "rap" sessions, and a supportive group identification for both the alienated and the newly rehabilitated. Moreover, it will offer an opportunity for the development of positive alternatives to drug use through the curative arts in which programs will seek to demonstrate that there are more lasting and more permanent ways of experiencing joy, and gaining insights than that of absorbing psycho-active chemicals. Rejecting as ineffective and counter productive those programs that treat the symptoms while ignoring the causes, psychological, social, and political, the emphasis in the Peer-Group Counseling Program will be on behavioral attitudes, values, and goal identification. Those involved can gain a positive sense of accomplishment and affirm the joy of living without drugs. The Center will offer both students and members of the community a sense of fellowship and an easy access to counseling services designed not to repel or dehumanize individuals who might be "turned off" by a traditional clinical or imposed therapy approach.

IDENTIFICATION OF TARGET GROUPS AND PROGRAM OBJECTIVES

The flexibility of the Center will make it possible to meet the needs of diverse groups. They may be identified as follows:

1. *Non-drug users who want information about drugs. Objective.*—1. To make available in one well-publicized location a wide variety of up-to-date, youth-oriented resource materials on drugs and their abuse.

2. To provide on a continuing basis opportunities to participate in a "rap" session conducted in an unthreatening atmosphere by peer counselors.

2. *Drug experimenters who have not resolved their attitudes toward drug use and or abuse. Objective.*—To provide individual and group counseling for students who seek help or are referred.

3. *Drug abusers who want to break the drug abuse pattern. Objective.*—To make referrals to community agencies which are competent to assist drug abusers.

4. *Non-drug involved students who by participating in the Center activities will gain experience in fields related to contemporary social services. Objective.*—To provide qualified students with opportunities for peer-counseling experience, group facilitating, and positive alternative programming.

5. *Former drug abusers who have completed a rehabilitation program in a residential facility and who can provide counseling and information for students with drug related problems. Objective.*—To provide a meaningful work role for former addicts facing the problems of re-entry into the "straight" world. Also, to provide positive reinforcement for the community rehabilitation efforts through a supportive group program in the College Center under the direction of a former addict (Rehabilitation Facility Graduate) under the supervision of the Director of the Drug Abuse Program.

PLANS FOR EVALUATION

The design of the Center is intended to facilitate easy, inconspicuous access to all interested persons. Consequently, formal records of participants will be minimal. At this stage of development, evaluation will be concerned essentially with ascertaining that the services are provided and that people are responding to them. Specific evaluations for each objective and target group are identified below:

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*The second semester course is offered as Narcotics & Dangerous Substances—LAE 266.

Group 1—Non-drug users.—1. A listing of all materials available will be maintained. A judgment of the over-all quality of the information will be made by knowledgeable individuals in the field of drug abuse rehabilitation.

2. The number of "rap" sessions per month will be recorded. An estimate of the average attendance will be derived by making head counts at randomly selected sessions. A method will be developed to record the kinds of topics discussed.

Group 2—Drug experimenters.—Case summary records will be analyzed for the number of contacts made and the extent of value clarifications as perceived by the peer counselors.

Group 3—Drug abusers.—Records will be kept of the number of referrals to outside agencies. Follow-up procedures will determine the number of individuals making at least one contact with the agency.

Group 4—Socially involved students.—The number of paid and volunteer workers and the time spent in the Center activities will be an indicator of the extent to which the opportunity is being exercised.

Group 5—Former drug abusers.—The persistence of rehabilitated drug users in discharging their work responsibilities and in avoiding the use of drugs will be an indicator of the success of this objective. Their performance will be evaluated by the Director. The former users wil be asked to report their own satisfaction with the Center and their evaluation of the assistance rendered.

A PROGRAM IN PEER GROUP COUNSELING—CURRICULUM, OBJECTIVES, AND STRATEGIES

I. Group Awareness.
II. Addiction Awareness.
III. Informational Aspects.
    A. Pharmacology and Psychopharmacology.
    B. Legal, medical, psychiatric.
    C. Rehabilitation, treatment programing and referral procedures.
    D. Counseling, modalities, humanistic and confrontation.
IV. Development of Counseling Techniques.
    A. Listening Skills.
    B. Observation Skills.
    C. Clarifying and Problem Solving Techniques.
    D. Counselor intervention responses and techniques.
V. Practice in Counseling Skills (Counseling Practicum).
    A. Identification of current value judgments.
    B. Establishing criteria for value judgments.
    C. Rank-ordering of values.
    D. Recognition of incongruencies in proposed actions and established criteria.
    E. Reconciliation of incongruencies.

I. Group Awarehess

Statement of Objectives:

1. *Specific performance (cognitive).*—The student will demonstrate knowledge of other individuals in the group by learning their names and significant aspects of their life patterns.
2. *Specified performance (affective).*—The student will demonstrate trust in the instructor and students in the class by participating openly in subsequent self-revealing activities.

II. *Addiction Awareness*

Statement of Objectives:

1. *Specific performance (cognitive).*—The student will demonstrate a comprehension and application of the concepts of addiction and the addictive personality by defining both and citing examples of examples of specific addictive patterns.
2. *Specific performance (cognitive).*—The student will demonstrate the ability to recognize in self and others the propensities for addiction by identifying areas of emotional conflict symptomatic of dependency.
3. *Specific performance (cognitive).*—The student will demonstrate the ability to recognize and analyze personal addiction potential by identifying those propensities within himself for habitual or comcompulsive behavior.

III. *Informational Aspects*

A. Pharmacology and Psychopharmacology

1. *Specific performance (cognitive).*—The student will demonstrate familiarity with the pharmacology and psychopharmacology of drug abuse by distinguishing among a variety of drugs and their specific psychological and physical habituating and non-habituating effects.

B. Counseling Modalities: Humanistic and Confrontation

2. *Specific performance (cognitive).*—The student will demonstate an ability to distinguish between humanistic and confrontation techniques in counseling by describing their different basic philosophies and comparing and contrasting skills and tools used in each.

C. Rehabilitation, Treatment Programming and Referral Procedures

1. *Specific performance (cognitive).*—The student will demonstrate a high degree of comprehension of various addiction rehabilitation modalities and trends by comparing and contrasting treatment programming on the local and national level.
2. *Specific performance (cognitive).*—The student will demonstrate the ability to apply knowledge of drug rehabilitation programs by identifying the appropriate treatment program and explaining the referral procedures.

D. Legal and Medical

1. *Specific performance (cognitive).*—The student will demonstrate a familiarity with (1) legal assistance provided for individuals with drug related problems and (2) with implications of drug offenses in Dade County by identifying the kinds of situations in which legal expertise is required.

IV. *Development of Counseling Techniques*

A. Listening Skills

1. *Specific performance (cognitive).*—The student will demonstrate a mastery of listening skills related to counseling by abstracting a client's monologue, so as to high-light the significant points, in correct sequence and with frequent direct quotations.

B. Observation Skill

1. *Specific performance (cognitive).*—The student will demonstrate the ability to observe non-verbal communication by articulating his observation of body language and then verifying the accuracy of his perceptions with the trainer and the other observers.

C. Clarifying and Problem Solving Techniques

1. *Specific performance (cognitive).*—The student will demonstarte an ability to use appropriate techniques for clarification of client's problem by interacting with client in role playing by paraphrasing what client has said.
2. *Specific performance (cognitive).*—The student will demonstrate an ability to use appropriate problem-solving techniques by assisting a classmate in making a decision in a conflict situation.

D. Counselor Intervention Responses

1. *Specific performance (cognitive).*—The student will demonstrate the ability to select the appropriate intervention technique by facilitating the client's ability to advance positive solutions to his specific conflicts.

V. *Counseling Practicum*

A. Identification of Current Value Judgment

1. *Specific performance (cognitive).*—The student will demonstrate ability to identify value judgments by proposing and analyzing individual solutions to hypothetical moral problems.

B. Establishing Criteria for Value Judgments

1. *Specific performance (cognitive).*—The student will demonstrate the ability to establish criteria for values by analyzing the basis for judgments with regard to value of person relevance.

C. Establishing Criteria for Rank Ordering of Values
  1. *Specific performance (cognitive).*—The student will demonstrate ability to clarify values for himself and his peers by isolating and rank ordering his personal criteria for values and assisting his peers to do the same.

D. Recognition of Incongruencies
  1. *Specific performance (cognitive).*—The student will demonstrate ability to identify areas of incongruency in his behavior by relating his value system to his life style.
  2. *Specific performance (cognitive).*—The student will demonstrate ability to evaluate the extent to which incongruencies precipitate conflicts and/or impair effective coping and problem solving.

E. Reconciliation of Incongruencies
  1. *Specific performance (cognitive).*—The student will demonstrate the ability to identify solutions toward resolving problems by identifying strategies which will reconcile behavior and value conflicts.

BIOGRAPHICAL SKETCH—SHIRLEY PATRICK HAGEN

Present employment.—Chairman, Miami Dade Community College, Department of Drug Abuse Education and Counseling, Project Student Counseling on Rehabilitation and Education (SCORE), Project Scoreboard (telephone crisis center hot line).

Telephone.—274–1234 South Campus Office; 271–1304 home.

Shirley Hagen's work in drug abuse was, prior to her association with Miami-Dade Community College, in the areas of Education, Prevention and Rehabilitation. She organized and facilitated self-help Addicts Anonymous groups on the Elementary, High School and College levels, established the first major Youth Drug Rehabilitation Center in Dade County, counseled, developed curriculum, and initiated "Positive Alternatives Programs" with six of Dade County's licensed therapeutic facilities.

HONORS

1. Appointed as adult delegate consultant by President Nixon to Drug Abuse Task Force: White House Conference on Youth, Estes Park, Colorado.

2. National Workshop on Federal Programs—December 13–15, 1970 Consultant to Director of Government Affairs, Mr. Frank Mensel Presented key-note address, "Education and the Drug Epidemic", to the Commission on Legislation for the American Association of Junior Colleges, Statler Hilton, Washington, D.C.

3. Project S.C.O.R.E. (Peer Group Counseling program established by Miami-Dade Community College) accepted as Public School Model by Miami High School Regional Drug Abuse Coordinators.

DRUG ABUSE REHABILITATION

Shirley Hagen's work in drug abuse was, prior to her association with Miami-Dade Community College, in the areas of Education, Prevention and Rehabilitation. She organized and facilitated self-help Addicts Anonymous groups on the Elementary, High School and College levels; established the first major Youth Drug Rehabilitation Center in Dade County, counseled, developed curriculum, and initiated "Positive Alternatives Programs" with six of Dade County's licensed therapeutic facilities.

1. *Sign of the Fish—Executive Director.*—Organized and staffed, in 1968, in conjunction with Reverend Denver Smoot, the first major Youth Drug Rehabilitation Center in Dade County, "Sign of the Fish."

2. *Operation Re-Entry: Director, Art-Poetry Therapy.*—In 1969, became affiliated with the Daytop Village Self-Help Treatment Center, Operation Re-Entry.

Established curriculum for a "Positive Alternatives Program," in drama, mime, music, art and poetry therapy.

3. *Operation Self-Help: Professional Advisor, Vocational Rehabilitation.*—In 1970, became consultant to Hialeah's teen-age Rehabilitation Center, Operation Self-Help, serving as professional advisor on vocational rehabilitation; developed career oriented programs in the arts for youth with drug-related problems.

4. *Spectrum House: Consultant.*—Developed program at Miami-Dade Community College in academic and social rehabilitation for Spectrum House (hard core therapeutic facility) graduates.

5. Trained and staffed Counseling Center for Drug Abusers at Miami-Dade Community Project S.C.O.R.E.

DRUG ABUSE EDUCATION (1967–73)

1. Drug Abuse Consultant to Dade County Elementary, Junior and Senior High Schools. 1967–1973.

2. Developed curriculum for workshops and seminars in "The Psychology of the Drug Abuser" for the departments of Psychology, Sociology, Inter-curricular studies and Criminology at Miami-Dade Community College.

3. Developed curriculum for 2-semester project for students in the Intercurricular Studies Division, Miami-Dade Community College in "Peer Group Counseling With The Drug Abuser."

4. Established Peer Group Counseling Training Program for Guidance Counselors and Selected Students in Dade County Public Schools.

    Ponce De Leon Junior High School.
    Brownsville Junior High School.
    Citrus Grove Junior High School.
    Coconut Grove Elementary School.
    Kelseypharr Elementary School.
    Miami Jackson High School.
    Miami Senior High School.
    Coral Gables High School.

5. Participated in the development of Drug Abuse film for Miami-Dade Community College with Dr. Leon Dode, Chairman Philosophy and Drama Department, Miami-Dade Community College.

DRUG ABUSE EDUCATION CURRICULUM EXPERIENCE

1. Developed curriculum for workshops and seminars in "The Psychology of the Drug Abuser" for the departments of Psychology, Sociology, Inter-curricular studies and Criminology at Miami-Dade Community College.

2. Developed curriculum for 2-semester project for students in the Inter-curricular Studies Division, Miami-Dade Community College in "Peer Group Counseling with the Drug Abuser" and crisis center training.

3. Participated in the development of Drug Abuse film for Miami-Dade Community College with Dr. Leon Dode, Chairman Philosophy and Drama Department, Miami-Dade Community College.

4. Developed program at Miami-Dade Community College in academic and social rehabilitation for Spectrum House (Hard Core Therapeutic facility) graduates.

5. Trained and staffed Counseling Center for Drug Abusers at Miami-Dade Community Project S.C.O.R.E.

MAJOR CONSULTING

1. Drug Abuse Consultant to Dade County Elementary, Junior and Senior High Schools. 1967–1973.
2. Vocational Academic Consultant to Specrtum House. 1968–1973.
3. Organized and Coordinated Drug Abuse Workshop for Florida Personnel and Guidance Association. 1970.
4. Group Facilitation: Chicago Drug Abuse Workshop in National Attorney and Law Enforcement Seminar. 1970.
5. Director: Drug Abuse Workshop, Grossmont College, San Diego, California. 1970.
6. Director: Drug Abuse Workshop, Winter Haven, Florida, for Florida Deans of Student Affairs. 1970.
7. Drafted and presented proposal for Operation Self-Help Vocational Rehabilitation Program. 1971 Tallahassee, Florida.
8. Polk Junior College: Drug Abuse Seminar for Faculty and Students: Introduction to Project S.C.O.R.E.

9. Republican Drug Abuse Task Force: Chaired by Republican Tom Frey, Jr., October, 1971, Miami-Dade Community College. Introduction to Project S.C.O.R.E.
10. Director: Drug Abuse Workshop: Brevard Community College, March 8, 1972: Introduction to Project S.C.O.R.E.
11. Directed and coordinated Drug Education Conference: Florida Junior Colleges, Miami-Dade Community College, South Campus, November, 1971.
12. Consultant: Drug Education Program for Regional Coordinators, Clearwater, July 1971: Introduction to Project S.C.O.R.E.
13. Coordinated and Directed Drug Abuse Workshop for Miami High School Drug Coordinators: Miami-Dade Community College, December, 1971, 1972, and 1973: Introduction to Project S.C.O.R.E.
14. Established Training Program at Miami High Schools for Guidance Counselors and Selected Students. 1971, 1972, and 1973 Drug Abuse and the Peer Group Counseling.

STATEMENT OF SHIRLEY PATRICK HAGEN, CHAIRMAN, DRUG ABUSE, EDUCATION COUNSELING DEPARTMENT, MIAMI DADE COMMUNITY COLLEGE

Ms. HAGEN. You gentleman have been here a very long time and my instructions were to be brief. I certainly will make an effort to do that.

You were correct with the name, it is Shirley Patrick Hagen. I am the chairman of the Drug Abuse Education and Counseling Department of Miami Dade Community College on the South Campus. I am director of Project Score and Scoreboard.

That, briefly, is an accredited career-oriented curriculum that is equipped to train students to assume leadership roles in the developing of various programs relating to peer group social problems in particular, and for your interest, drug abuse education prevention counseling and rehabilitation.

The philosophy and justification of using a peer counselor has been defined in the rationale prepared for this committee. I should like at this time to briefly identify the more significant contributions as they have been manifested in the score program.

I know you have heard this before and others have testified to the efficacy, so let me identify that their credibility is very high for a specific population for whom the establishment counselor and convention counseling would now be more suspect.

To this extent they do have an efficacy. The value of input from those familiar with and close to problems for whom programs are designed I think is obvious. The positive reinforcement for the helping counselor and the constructive relationship with the peer client is a situation which allows the counselor and the client to enjoy a mutual benefit.

The responsibilities of the Score counselor that were described at length in the submitted curriculum are essentially those of the helping agent trained to listen and clarify contemporary peer problems, a resource counselor familiar with community agencies, and appropriate and immediate referral procedures, a direct and honest peer, empathetic rather than pitying, facilitative rather than destructive, a liaison person diminishing conflicts which often block the pursuing of accurate information, and the obtaining of professional assistance.

There are essentially two peer counseling projects offered at the Drug Abuse Counseling Department; one is the Scoreboard crisis and hotline training which addresses itself essentially to telephone counseling and referral procedure; and the other is the Score peer group counseling program, and this one is the more intensive of the two and oriented toward the 1-to-1 or group facilitating counseling.

With regard to the curriculum about which you might ask some questions, it is designed and its training for the groups was implemented by myself, my colleagues in the counseling department and community consultants.

The training in the Score program involves no less than two semesters—that is approximately 8 months—in addiction awareness, psychopharmacology, rehabilitation realities, and one semester of counseling practicum. Those students evidencing a specific expertise in counseling and group facilitating are designated as certified Score counselors and acknowledgement privileges them as members of the staff to counsel with their peers, conduct seminars, assist in the training of others, participate in community workshops, conferences and avail themselves of staff-student assistantships.

I have here a note, Mr. Chairman, which suggests I might mention a project for which funds are very much in order. Those students who are not certified and want to can assume various responsibilities other than those of a certified counselor; office management, rap room manning, public relations, role playing for counselor-client intervention.

There are two specific aspects of the program that were not included in the submitted material and I would like very briefly to mention that one is an ex-addict group that is conducted by a staff member who is a graduate of the local rehabilitation center. I am referring to an on-campus ex-addict group conducted by former users.

This is very similar to the AA model in which each member's qualification for participation is the desire to stay straight. It is there to assist in the fellowship and maintain sobriety. Needless to say, on a campus of 12,000 students there is a good deal of pot smoking, rock concerts and fellowship. This group of students who come out of transitional programs have been in rehabilitation centers, very much need a transitional program. It is very difficult to stay straight and if I were to identify recidivism I would say it is coming from the facility which is a rather hip society.

I was going to go into it at some length, but I think Mr. Samuels did a good job on the positive alternatives programs. We do that. We create an atmosphere in which, in an unstructured environment, young people can explore innovative programs of their own desire.

Commonly called "odd-ball" or "freaky" it is theirs and it will range anywhere from yoga to meditation, or whatever meets their needs.

These next few sentences I have to offer are particularly valuable to me for having worked with peer counseling for a considerable length of time. Many of the realities of a peer group counseling program are rewarding, and while I am impressed with its unique effectiveness I am cognizant also of some of the difficulties of successful implementation, not the least of which is the delicately balanced relationship between the director and the peer counselor.

Since peer counseling is beginning to enjoy a specific popularity, and it is becoming fashionable as an avenue of prevention, I would like to address myself to these comments, if I may.

The director responsible to his institution supervises the sophisticated and sometimes controversial program which is an easy target for criticism. The peer counselor encouraged to assume a leadership role, called on to make something work where others had failed, trusted by his peers as loyal to them, is sensitive to too much supervision, control and rank pulling.

These two professional thrusts are not always beautifully resolved in meeting of expectations. The very style and personality that gives, for example, the counselor credibility with his peers is not necessarily the same character motive that contributes to effect working in a bureaucratic setting in which accountability is still a word held sacrosanct.

An effective peer counseling center and an informal, unthreatening atmosphere manned by warm, open young people attracts students as clients, as volunteer workers, as onlookers, as information seekers, and as fun lovers.

It has none of the counter productivity of the old scare-the-hell-out-of-them tactics conducted by well-meaning old ladies in tennis shoes, of which I could be one myself, the costly brochures warning against the dangers of marihuana and addiction and the well-intentioned, but not effective, law enforcement techniques with boxes of cotton balls, syringes and psycadelic colored boxes.

Nor does it have, and I should like to emphasize this, any of the pluses of the convenient, nonrisk taking easy implementation. If ever attempted, however, the return to the old methods behind the lectern and behind the desk—I look at a poster that I frequently see in the Learning Resource Center; it states very specifically "If I give you a fish you will eat for today, and if I teach you how to fish you will eat for the rest of your life."

In conclusion, I have a proposal and recommendation, the articulation of some of the issues pertinent to peer counseling the sharing of ways to resolve and the setting of criteria for curriculum and standards of excellence, followup and research, the opportunity for directors and peers to exchange their successes and failures I believe is a need shared by all those who work or study in the field.

I very much respect Dr. Helen Nowlis, as I understand very much what she meant when she said there is no model I have seen that is perfect. I had the great pleasure of having met her in Estes Park, Colo. when we worked on the Drug Abuse Task Force. I was very moved by the fact that she addressed herself to all programs and that this was a very difficult problem.

And I identify myself with the peer counseling which I see as a creative avenue and not as the only answer. It is a proposal that an organization be considered to integrate and facilitate the needs of peer counselor trainers and peers.

I should welcome questions from the committee and an opportunity to clarify any of the activities at Miami Dade Community College and express my respect for allowing us this time.

Mr. BRADEMAS. Thank you very much, Ms. Hagen for a most interesting statement. Let me ask you a couple of general questions about what you have said so I am very clear in my own mind about your peer counseling training program.

This could be understood in at least two ways. Maybe at Miami-Dade Community College you are doing both, and I am not altogether clear.

Do you provide, in your program, training for students who will then follow a career of going into the elementary and secondary school system and working in the counseling field in the drug abuse area, or are you providing a training program for college students who will be counseling with their peers while in college?

Mr. Hagen. The training program invites the participation of any interested student and/or nonstudent in pursuing counseling. We are specifically interested in those students who are going into behavioral sciences and whose vocations will be that of helping agents.

At the end of the two semester program those students will be identified as staff so we have been particularly interested in a career oriented program. The group is mixed. There are students over 30 who want to run parent self-help groups on the basis of this two semester training period.

In the same group there may be a former user, a student of criminology, a nurse or a parent. It is integrated. Although I have used the word "peer" I think it should be qualified that it is not only young; it may be parent to parent; my own definition of peer is to relate it to that person within your own group.

The integration of the group makes for a most interesting kind of facilitation. It is not homogenous and does not stimulate the kind of stereotype views. I have an option as an over 40 to identify my own emotional conflicts and find creative ways of solving them.

Mr. Brademas. Is there a peer counseling program on the campus of Miami Dade Community College under which students or nonstudents counsel with students?

Ms. Hagen. Yes.

Mr. Brademas. And these counselors, most of them are trained through your program; is that correct?

Ms. Hagen. All of them are trained through our program.

Mr. Brademas. How many students at Miami Dade Community College's South Campus are there?

Ms. Hagen. Approximately 12,000.

Mr. Brademas. And of the 12,000 students on that campus how many of them would you say receive counseling through a peer counseling program?

Ms. Hagen. Mr. Chairman, I thought you were going to ask that question, and on the way over I addressed it to my division chairman. I said, "I have a feeling we are going to be asked this question," and I wondered how I might be articulate in answering him.

The atmosphere is unthreatening and creative because there are not head counts and a rigid identification of the participants. It is an open door, creative flow rap room. Records are not kept. Head counts, however, are made. I should be able to identify rather easily and immediately that number of students who are students in Crisis and training sections and the larger peer group Score program.

As for the number of clients that the counselors see, and as for the number of groups they run, I would have a great deal of difficulty identifying this for you accurately.

Mr. Brademas. I understand your responses and your sensitivity to the question, but let me put this question to you. In what ways can we then determine the effectiveness of this particular kind of program from a scientific point of view? How do we know if you are doing any good if you don't count them?

Ms. **Hagen**. If we don't count them.

Mr. **Brademas**. By what ways—and let's put the counting to one side—can we judge, by some criteria agreed upon in advance, the effectiveness of peer counseling in coping with drug abuse?

Ms. **Hagen**. When a student participates in the training program. May I address myself to that experience first?

He identifies for himself his listening and observation skills. He identifies the degree to which he can be articulate in his own value system and to what degree he can identify to what we loosely call "good or evil ways of life."

At the end of the program, he reevaluates for himself that distance he has come. He makes the evaluation for himself in conjunction with his peers and the team of people who have trained him.

We have the evaluation sheets we submit to him for this kind of process. We receive from him his input—in what ways might we be more available to you in changing your lifestyle. That is one method of evaluation.

We use tape recordings to determine what kind of dialog the student engaged in with a peer client, before he went through the program and after. This might not be the answer you are looking for. Am I going in the right direction?

Mr. **Brademas**. This is very helpful. The reason I asked this question is an operative one. Mr. Lehman and I are supposed to be legislators for a country of over 200 million people. We need to know, to the extent that is humanly possible, in an area in which it is very difficult to make judgments with scientific certainty, what seems to be effective in reducing the problem of the use of dangerous drugs.

Therefore, we are interested in knowing what may be developed in a community like this—because we have been told with the sixth largest school system in the country has a program that "works"—so that in time that experience may be replicated in other communities in the United States.

I am trying to take a rather hardheaded practical approach, and therefore I am somewhat apprehensive about getting what is purely an impressionistic anecdotal response. If I have to be responsible for voting millions of dollars for a program, I would like to have at least a ball-park feeling that what I am doing has some basis in fact. I am trying to be somewhat scientific about it.

Ms. **Hagen**. Mr. Brademas, I worked a long stretch on establishing objectives, strategies, input, and output. I understand accountability. All faculty members at Miami Dade Community College right now understand that question. I appreciate it. Perhaps I can be more brief in answering this.

One goal specifically would be can a student with drug-related problems identify those centers which are available for treatment programs before he comes into the center. The answer is no, and he can later. That objective has been reached.

If he has come for assitance with a drug-related problem and, as a result of couseling with myself or his peers, has sought admission into a treatment program, that is another objective of efficacy.

If he has participated in a group, and we do have a head count on this, in which young people are trying to stay straight that is another objective that we have satisfied.

Mr. **Brademas**. That is very helpful. My final observation, before turning to Mr. Lehman, is that I raise this question because accountability is a question that runs throughout every program from elementary and secondary education to postsecondary education, because we are talking about the expenditure of scarce dollars.

Far too often, I think we are all now coming to realize, we have not intellectually thought through the problem of developing standards and criteria of accountability.

I am not singling out the drug field for any particular criticism in this respect, although it is rather a more dramatic problem than it may be in certain other areas. I take it we are not in disagreement on this point.

I thank you very much indeed. It has been most helpful testimony.

Mr. Lehman.

Mr. **Lehman**. Do you have any special problems with regard to Vietnam veterans returning to school with any particular drug abuse problems in that area? Do you deal with them the same way you do the others?

Ms. **Hagen**. Yes: we absorb the returning veteran into the school program. Our conflict at this time is maintaining our staff. When we train a student and we have put a great investment intellectually and financially into the training of that student and make an effort to utilize his services on the staff and then realize that student must have a means of support and we cannot provide him with a stipend, we are in great difficulty.

If the efficacy of our program, at least this aspect of the program, depends on a peer counselor, we can't have a volunteer who will come in one day and the next day he happens to have a job raking leaves. This is not the way to run an organization or to establish accountability.

So to answer your question, the veteran is returning and in abundance, and we do not have sufficient staff or students who are there and dependable. It is for this purpose we especially need funding.

Mr. **Lehman**. What was interesting to me was whereas in your system you give those alternatives of transcendental meditation and other kinds of things, Mr. Barker gives more of the old virtues that have been established. Is there any conflict between the alternative in what you teach and what the seed is teaching?

Ms. **Hagen**. Mr. Lehman, I don't exactly understand the question. I would not want to respond to any question regarding Mr. Barker's seed program, unless I was fully aware of the question.

Mr. **Lehman**. I will withdraw the question because I think it is kind of loaded. But I just wonder whether in relation to your returning veteran are you running into a problem in the GI bill of rights for education that complicates the drug abuse problem in the schools?

Ms. **Hagen**. Yes.

Mr. **Lehman**. That is what I was trying to get to. In other words, it is not just drug abuse education but the progams that are supposed to be adequately federally funded that contribute to the drug abuse problem.

Ms. HAGEN. Yes.

Mr. LEHMAN. Thank you very much.

Mr. BRADEMAS. Thank you, Miss Hagen.

Let me take this opportunity as we close these hearings to do two things. I would like to ask unanimous consent to read into the record the text of a telegram from Congressman Pepper in respect to these hearings.

[Telegram]

Hon. JOHN BRADEMAS,
Chairman, Subcommittee on Education,
District Office Congressman CLAUDE PEPPER.

I join in welcoming your distinguished subcommittee to Miami to hear witnesses on the critical problem of drugs in the schools. I regret that pressing matters in Washington of the House Select Committee on Crime, of which I am chairman, prevent my being with you this morning. As I said in testifying before your distinguished committee, the House Crime Committee has extensively held hearings upon this critical subject, including hearings in Miami and we strongly urge that your committee recommend large Federal assistance to the schools in preventing drug abuse among the students and in inducing those who abuse drugs to get off of them. Not only will such a program immeasurably better the lives of the students, it will also reduce crime because as you know a very large percentage of the crime committed is related to drug abuse by young people. Our school authorities in Dade County are making a sincere effort to meet the challenge of this grievous problem. They need your help. I congratulate my distinguished colleague, Congressman Lehman, on bringing your able subcommittee to Miami and I join in hoping you will find your visit in our city both profitable and pleasant.

CLAUDE PEPPER,
Member of Congress.

Second, I want to express my appreciation to all the witnesses who have come today and have been so helpful with their testimony. It has been most valuable and we have learned something, and to all who cooperated in making the hearings possible I extend my thanks.

I want, particularly, to express my appreciation to Congressman Lehman, who, as I said at the outset, is a most effective and hardworking member of our committee, and who is always tenacious whenever there is a prospect of bringing our subcommittee to Miami.

Mr. Lehman, do you have any final comment?

Mr. LEHMAN. Just hurry up and come back. We appreciate your being here.

Mr. BRADEMAS. The subcommittee is adjourned.

[The subcommittee adjourned at 12:05 p.m.]

TO EXTEND THE DRUG ABUSE EDUCATION ACT

SATURDAY, JUNE 23, 1973

House of Representatives,
Select Subcommittee on Education of the
Committee on Education and Labor,
Millersville, Pa.

The subcommittee met at 1:30 p.m., pursuant to call, in the Penn Manor High School Auditorium, Millersville, Pa., Hon. John Brademas presiding.

Present: Representatives Brademas, Lehman, and Eshleman.

Staff present: Jack G. Duncan, counsel; Martin LaVor, minority legislative associate.

Mr. **Brademas**. The Select Subcommittee on Education, of the Committee on Education and Labor, will come to order for the purpose of further hearings on H.R. 4715 and related bills, to extend the Drug Abuse Education Act.

The chairman should observe that this is the fifth day of hearings we have held on extending this legislation, and during that time we have heard from Members of Congress, youth counselors, educators, and persons familiar with the problems of drug abuse, with respect to the value of this program.

We are holding this hearing today in the home State of the distinguished ranking minority member of the subcommittee, and my good friend, Congressman Ed Eshleman, who has made a significant contribution to our efforts to develop drug abuse education programs as well as a number of other important programs.

I am very pleased to yield to the gentleman from Pennsylvania, Mr. Eshleman, at this point for any comments he may wish to make.

Mr. **Eshleman**. To keep the hearing in order and on time, I will just take a minute. I want to welcome Congressman Brademas and Congressman Lehman to Lancaster County. I wish to welcome the witnesses, the public, and the news media here.

If I might take a minute to say I don't think that three members of a subcommittee is too small. Many a subcommittee meeting is held in Washington with only two members present. Two members constitute a quorum, so this is an official meeting today.

We have seven witnesses, and we are going to stay on time so I will turn it back to the very capable gentleman from Indiana, Mr. Brademas.

Mr. **Brademas**. Thank you very much, Ed.

The Chair might observe at the outset that he is particularly pleased to have the opportunity to be in this part of the United States because he represents, back in northern Indiana, Goshen and Elkhart Counties and a number of other areas, where there are significant numbers of members of the Amish faith as well as of the Mennonite faith, so he feels very much at home in these surroundings.

I might also say we are pleased to have with the subcommittee today a gentleman from Florida, Congressman William Lehman, who was chairman of the Dade County School Board before coming to Congress, so he is experienced in these matters.

Mr. Lehman, if you have any observations on these matters we would like to hear them.

Mr. LEHMAN. I just want to thank you for arranging these on-site drug abuse education hearings, and Mr. Ed Eshleman for inviting us to Lancaster County.

I think it is fairly evident that drug abuse is no longer confined to the big cities and big city ghettos and is becoming a nationwide problem. We must deal with it where it exists.

I know that we have this problem in every part of our country today.

Mr. BRADEMAS. Our list of witnesses this afternoon is substantial so the Chair hopes the witnesses, to the extent possible, will summarize their statements so that we may be able to put questions to them, and without objection their statements will be included in their entirety in the record.

Our first witness this afternoon is a long-standing friend of the Chair's whom I have known since our days together at Oxford University in England. It is particularly pleasant, therefore, to be able to welcome one of the ablest school officers in the United States, John C. Pittenger, secretary of education for the Commonwealth of Pennsylvania.

[Mr. Pittenger's prepared statement follows:]

STATEMENT OF JOHN C. PITTENGER, SECRETARY OF EDUCATION, LANCASTER, PA.

Congressman Brademas, Congressman Eshelman. I am pleased to join you to report on activities in Pennsylvania which have been stimulated by the 1970 Drug Abuse Education Act and related programs which have been initiated with State funding and leadership.

I want to begin by noting some of my general concerns about drug and alcohol prevention programs. In all candor, we don't know very much about what effective drug or alcohol education is. Recent experience has taught us a lot about what *doesn't* work, but we're still pretty much in the dark about what does.

Several months ago, the press carried a story about the experience of two junior high schools in Michigan. At one, there was no formal drug education program; at the other, there was an intensive program. When the experiences of the two schools were compared, the researchers found that the rate of drug use had increased more at the school with the program. Why? No one seems to know.

We have developed quite a body of conjecture about why kids use and abuse drugs and alcohol with escapism, boredom, family problems, and school failure being cited as the most frequent reasons. But we have no real theory that tests out in practice. And until we know exactly why people use drugs and alcohol, we are not going to have much success in designing and implementing effective programs of prevention.

A little later in the afternoon you will be hearing from Carlton Jones, the Director of Health and Physical Education on my staff who will sketch in the details of the programs we administer. I will confine myself to the more general information about what we are doing and our relationship with other state agencies.

RELATIONSHIP WITH THE GOVERNOR'S COUNCIL ON DRUGS AND ALCOHOL ABUSE

The Governor's Council on Drug and Alcohol Abuse was established by the Pennsylvania Drug and Alcohol Abuse Act of 1972, which gives the Council the central coordinating responsibility for all drug and alcohol programs and the authority to determine which agencies of the State government will deliver service and the type of services to be provided.

The Council voted to adopt the lead agency strategy, assigning the various agencies one lead area of responsibility for delivery of service(s).

The Department of Education has been given the lead for development of drug and alcohol abuse prevention programs for the school systems, and a division of the Bureau of Curriculum Services within the Office of Basic Education will coordinate all state and Federally-funded programs in this area.

Through Governor's Council funds the Department has created, funded, and supervised the operation of an Addictions Prevention Laboratory at Penn State University which, through its regional branches, will provide training to teams of school personnel in the prevention of addiction. The Addiction Prevention Laboratory will design and carefully evaluate effective strategies for drug and alcohol abuse prevention and train school personnel in the application of effective primary prevention techniques. We think that this type of program, with a strong evaluation component, will give us some guidance as to what really works.

DRUGS AND ALCOHOL ABUSE PREVENTION PLANNING UNIT

Through funding from the Governor's Council the Department of Education has established a Drug and Alcohol Abuse Prevention Planning Unit to serve the educational community. Beginning July 1 the unit will be working directly toward drug abuse prevention through education. The professional staff will provide technical assistance, guidance and consultation to local school districts, intermediate units and institutions of higher education and will also act as liaison between the Department of Education and all health-oriented agencies.

Historically, drug and alcohol education has been the responsibility of health educators in Pennsylvania's elementary and secondary schools. The *School Laws of Pennsylvania* state that, "Physiology and hygiene, shall . . . include special reference to the effect of alcoholic drinks, stimulants, and narcotics upon the human system . . . and shall be introduced and studied as a regular branch by all pupils and all departments of the public schools, and in all educational institutions supported wholly or in part by appropriations from this Commonwealth."

Although mandated by the Public School Code, drug and alcohol education received little emphasis by the Department of Education until approximately four years ago, when the United States Office of Education issued guidelines to the Department for the establishment of Regional Leadership Development Training Centers.

DRUG ABUSE LEADERSHIP TRAINING CENTERS

In June of 1970, USOE held a meeting in Chicago for representatives of the State Departments of Education to present a general outline for the development of regional drug training centers. The philosophy of the program stressed the multiplying effect of training people to train other people, and to involve young people directly in these training efforts.

The Pennsylvania Department of Education submitted a plan to USOE for six regional Leadership Development Centers. These centers were to be located at higher education institutions across the state and to serve as the focus for regional training in Pennsylvania for 1970–71.

The six centers became operational in September, 1970, but funding cutbacks have reduced the number to three—at Penn State University, Temple University and the University of Pittsburgh. Each center has its own director, faculty, and teaching methods. The general goals, objectives, philosophies and methods of implementation are determined by the Pennsylvania Department of Education with funding through the 1970 Drug Abuse Education Act.

The ultimate goal of each center's program is to train people to institute and carry out effective drug education programs in their communities. The emphasis is on school-community involvement, since we consider that a school program, influenced by student leadership and community support, can have a significant impact on the increasing knowledge and awareness of the drug situation. With this in mind, all the training programs stress the involvement of students as vehicles of communications and as peer influence in the drug education programs.

"HELP COMMUNITIES HELP THEMSELVES"

MINI-GRANT PROGRAM

Under the authority of Section 4 of the Drug Abuse Education Act of 1970, 47 grants have been awarded to Pennsylvania communities to assist them in developing comprehensive preventive drug education programs. The grants provide support for training interdisciplinary community teams in skills which enable them to return to their communities with the ability to determine the local drug problem, to assess and mobilize their community's resources, and develop a coordinated community program for responding to their community's drug problem. Thirteen public school districts and three colleges and universities have participated in the training program.

In addition, Dickinson College has received a grant through the Drug Abuse Education Act to conduct a drug education project, which is a student-operated, school-community effort. The project is in its third year and now includes outreach programs to assist communities in the Carlisle area in drug education projects.

ALCOHOL AND TRAFFIC SAFETY CURRICULUM

Under the aegis of the U.S. Department of Transportation, the Technical Education Research Centers, Inc. has just compiled an Alcohol and Traffic Safety Curriculum Guide, which has a major focus on an interdisciplinary approach, with various activities particularly related to English, social studies, health and physical science on all grade levels. Regional workshops will be held throughout the United States to train educators in the use of the curriculum.

The Pennsylvania Department of Education, Bureau of Curriculum Services, has already conducted four regional, two-day workshops through a grant from the National Highway Traffic Safety Administration.

Participants were selected by the Department on a cluster basis to include curriculum directors, administrators, teachers (from several disciplines), safety supervisors, guidance counselors and school nurses.

Mr. Jones will describe several of these programs in greater detail but I would like to conclude my testimony by reiterating my opening comment. We have a long way to go in designing effective prevention programs. A key feature of that effort will be a strengthening of our evaluation activities. We have tried many programs, many techniques and many strategies. In most cases we don't know which have worked and which haven't. Federal funds can provide the necessary impetus to finding answers to those questions. I hope, therefore, that you will pay close attention to evaluation as you consider changes in federal legislation and program by way of amendments to the 1970 Act.

STATEMENT OF JOHN C. PITTENGER, SECRETARY OF EDUCATION, COMMONWEALTH OF PENNSYLVANIA, ACCOMPANIED BY CARLTON W. JONES, HEALTH AND PHYSICAL EDUCATION ADVISER, DEPARTMENT OF EDUCATION, PENNSYLVANIA

Mr. PITTENGER. Mr. Chairman, Mr. Eshleman, Mr. Lehman, and friends, I welcome the opportunity to be here and also the opportunity not to read my prepared text. I will try to summarize it briefly and perhaps add one or two things.

I suppose the first question that ought to be asked is whether there is, in fact, a Federal role to be played in the area of drug abuse and drug abuse education. I think Congressman Lehman has already indicated a reason why the answer to that question ought to be yes.

It is a nationwide problem. It is not confined to the ghetto. It is not confined to urban areas. It is not confined to urban States. It may be greater or lesser in different parts of the States but it is almost everyplace these days.

If the answer to that question is yes then I suppose the next question is what form can Federal assistance best take. Here I would want to say something that I am not sure everybody would agree with, but I think it ought to be said anyway.

The great problem, I think, in dealing with this is we don't know the answers. There is a danger, I think, in the area of drug education that we will go overboard too fast and too soon and decide to spend vast sums of money for remedies as to whose effectiveness we are quite uncertain.

For example, there was a very careful study in two junior high schools in Michigan made public several months ago. In one of the schools there was an elaborate program of drug education. In the other one there was not.

And the end of the year the incidence of drug use had risen more rapidly in the school which had the drug abuse education program than it had in the school which did not have any such program.

That suggests to me one of the dangers which is that unless these things are very carefully thought out there is a real possibility that they will do more harm than good. I think that the Federal role that would be most useful to all of us at this point has primarily to do with research.

The problem is nationwide. That States—even the larger States like our own—probably lack the capacity to do really first rate original research on this kind of problem. We need to know a great deal more than we do now about why people take drugs, in particular why young people do.

There is a parallel here to the problem of alcoholism and I must say we haven't made very much progress over the last 20 or 30 years in dealing with the problem of alcoholism. We still don't know why a very substantial number of American adults are addicted, if that is that right word, to the use of alcohol.

And so I would urge you to continue the Federal involvement in this and to be particularly solicitous of the research area. The Federal Government alone, I think, can address itself intelligently on a large scale to questions like why do people take drugs; what are the effects of their taking drugs; and, what kinds of programs are likely to be most effective in dealing with the consequences of that.

Mr. Chairman, I think I will end my formal remarks at that point because I am sure it would be more helpful to you to ask questions.

Mr. **Brademas.** Thank you very much, Mr. Pittenger.

I note that your Department of Education in Pennsylvania has received funds under the Drug Abuse Education Act.

Mr. **Pittenger.** We have.

Mr. **Brademas.** Could you tell us briefly how you expended those funds and what your reaction has been to the programs financed by them?

Mr. **Pittenger.** We have primarily used funds to organize three drug abuse leadership training centers at Penn State, Temple, and Pitt, which are our three great State related universities. It is the term we use in this State.

Each of them has, in its own way, devoted its attention to an attempt to educate not only teachers but guidance counselors and administraters and community leaders so they can make a concerted attack on the drug problem.

You asked also how effective this has been. I think the honest answer has to be we don't know at this point. This is one of a number of approaches that are being tried. I think we are probably 3 or 4 years away from having the kind of hard data which would enable us to come back to you and say we have tried this and it works.

It works in the sense that the incidence of drug use in the school and community is lower than it used to be. You are aware, I am sure, that this is a very hard area in which to get reliable data.

If you ask me, or, I suspect, ask any superintendent or principal to tell you with any precision what the incidence of drug use and abuse is you are not going to get answers of a kind that a scientist would want to use in coming to very solid conclusions.

Mr. Brademas. I suppose in light of that answer you would not disagree, Mr. Pittenger, with the observation that with respect to education programs generally, it takes time to make a judgment on the impact of an investment in education on human behavior.

Mr. Pittenger. That is surely true and we surely need a longer life history under this act than we have had in the very brief 3 years so far to be able to judge the effects.

Mr. Brademas. Just one other question. You said you thought the Federal Government ought to give particular attention to research. Research, of course, is a very broad term, and research in the drug area is certainly supported by the Department of Health, Education, and Welfare through the National Institutes of Health, for example.

But, this bill is not a bill aimed at the medical side of the drug problem, as you know, but rather at the educational side of it. I would not pretend that education alone would cure the drug problem. I don't know anyone that takes that point of view.

But, when you say research, would it be fair to assume, that you contemplate the Federal Government, through this legislation, supporting the development of a variety of models of curriculum materials, establishing some demonstration projects to use those materials, and then monitoring them against some criteria, previously agreed upon, to make a judgment as to what appears to be most effective?

Is that the kind of research you have in mind?

Mr. Pittenger. I have in mind both. I have in mind the medical, pharmacological, and psychiatric insights ascertained by NIH, or perhaps by the new National Institute of Education, but we also need what I call the applied research that you just described, the ability to test out different models in different places and see whether or not they work.

The point I was trying to make, and let me just reemphasize it once more, is the two are closely related and it doesn't make any sense to be trying things in the field that don't have any evidence behind them. They deal with the real problems as opposed to the superficial ones.

Mr. Brademas. My final question, Mr. Pittenger, is with respect to the bill under consideration to extend the Drug Abuse Education Act for 3 more years.

Do you support this extension or not, or do you have some amendments to suggest?

Mr. PITTENGER. I would clearly support the extension, and I think, as I read the original legislation, the 1970 act, that it is sufficiently flexible to enable both the Congress and the people to whom grants are made to do the various kinds of things that you have been describing, so I don't think, at least from our point of view, that it needs amendment.

Mr. BRADEMAS. Thank you very much.

Mr. Eshleman.

Mr. ESHLEMAN. John, I have two questions. In looking at material submitted to me by the Department and the U.S. Office of Education, I see the U.S. Office granted 902 minigrants last year under this program. Only 16 went to Pennsylvania. Is that a lack of local interest on the part of Pennsylvania school districts, or did the Office of Education arbitrarily cut you off at 16?

Mr. PITTENGER. I am going to refer, Mr. Eshleman, for an answer to Carlton Jones. I should have introduced him earlier. Carlton, would you have any suggestion? Is there a formula in that as to what we obtained or is it a question of lack of initiative?

Mr. ESHLEMAN. In other words, we didn't get our proportional share is what I am saying.

Mr. JONES. Congressman, I would like to say that last year we received something like 32 minigrants. This year, as you mentioned, we received 16. I think it was a lack of initiative on the part of school districts, community based programs to submit applications for minigrants.

For myself in particular, I wrote all the districts last year that submitted applications and were not funded. I submitted to them applications to apply for this year's minigrants. Last year we had an opportunity to review applications that came in, but this year we didn't so we didn't know anything until I got the final report that we had received 16.

Mr. ESHLEMAN. Could I ask what happened to the other 16? Did they just stop after 2 years? Why we lose 16 from last year to this?

Mr. JONES. That is a hard question to answer. One reason why some areas or some school districts and communities lost was for the simple fact that these people who received the minigrants took so long in training.

For instance, there is one community I know that waited almost a year before they even went to training, and their training center was in Adelphi, N.Y. It was almost a year. These teams sort of disintergrate. People have a willingness to do things at the minute, but when it is carried out over time they have to wait a certain length of time they lose interest.

I think this may have been one of the reasons why.

Mr. ESHLEMAN. Is this training you talk about training of faculty members?

Mr. JONES. No; the minigrants states that teams from communities or schools must be made up of members of the school administrators, teachers, and people of the community. It must be a consortium of all those ingredients to make a team.

Mr. ESHLEMAN. In the feedback of the Department of Education in Harrisburg gotten from the school districts in drug abuse education, what have been their suggestions, what improvements other than more money? We would always like to have more money, but have they made any specific suggestions for improvement.

Mr. JONES. Congressman, to be honestly truthful with you, we have not had any replies from any of the units that have received minigrants.

Mr. ESHLEMAN. What does that connote, a lack of interest, or is there something wrong with our program? It must connote something.

Mr. JONES. In Harrisburg I think we are a funny breed when it comes to school districts. I really can't answer that. Most people say we need a lot of money, we need to do this and we need to do that.

When you ask these people what are they doing you don't hear anything from them. They tell us we are not responsible to you, we don't have to answer.

Mr. PITTENGER. If I could add a point on that, I think there may well be a connection between the problem of communications which we are talking about and the problem that I have suggested, which is a lack of hard data, a lack of scientifically verifiable assumptions.

I think what often happens is if a school or community has a drug problem, applies for a grant, gets a grant, does some work and then the question is, did we succeed or fail. Oftentimes I think it is our responsibility and our fault that not enough in the way of evaluation is built into the thing.

We don't require them at the beginning to say with any precision about what it is they are trying to do. I think this is a larger problem with the educational world but it has its impact here.

The size of the minigrants are relatively small and it is such that oftentimes it will be very difficult to build into a 5 or $10,000 grant any really rigorous standards of evaluation.

Maybe one of the things we ought to think about is larger grants accompanied by more rigorous techniques of evaluation.

Mr. ESHLEMAN. I have no more questions.

Mr. BRADEMAS. I might just say, following the colloquy between Mr. Eshleman and Mr. Pittenger, that I think there is a lot to be said for the suggestion you have made. Perhaps if we scatter the money so broadly we are not really learning enough, given that we don't really have too much money in this program.

I might say, Mr. Pittenger, this week the Committee on Appropriations of the House reported a bill which contains, for fiscal year 1974, in excess of $12 million for the drug abuse education program.

That bill is not yet law, but should it become law then I think the suggestion you have made in response to Mr. Eshleman is one that is well worth consideration.

Mr. Lehman.

Mr. LEHMAN. I want to say I find Mr. Pittenger's testimony quite interesting. Also, you lump together alcohol and drug abuse which not very many people do. You consider them as one problem in the manner which I do.

The recent facts I have heard from the Army in Western Europe was there are four times as many alcoholics as drug addicts. To my knowledge, throughout the country there are four times as many alcoholics as drug addicts.

The thing I was interested in was the inability to participate in this funding. I found the same problem at the hearings in Dade County which we had recently. The Dade County Public School Board is funding $300,000 worth of drug abuse education and paying for it locally.

Somehow in the endeavor to get drug education grants from the necessary Federal agencies there is a gap that needs to be closed. I don't know whether it is in the way the legislation is written that makes it hard to apply or whether it is the way the legislation is administered that makes it difficult.

The whole idea was to enable people, like your minigrant applicants and the grants in Dade County that need to be applied for, to get the money. As Mr. Brademas said, the proposed appropriation is $12,400,000. I imagine Pennsylvania has——

Mr. PITTENGER. We are about 6 percent of the country.

Mr. LEHMAN. You should be getting out of that at least $740,000, shouldn't you?

Mr. PITTENGER. I think the connection between the alcohol abuse and drug abuse is an interesting one. It has been suggested by people I have talked to that alcoholism was the addiction of the World War II and post world War II generation as, in a sense, drug abuse is the addiction of the generation now in its teens and twenties.

I am not clear to what extent they spring from similar causes but there is at least a plausible argument that they do, and they are simply, in their own ways, different attempts to deal with boredom, frustration, or anxiety, or whatever it might be.

On the question of the size of the grants, having been a member of a legislative body myself for some small period of time, I know there is a tendency always to spread things around. From the political point of view it is always easier to give $5,000 here and $10,000 there and dissipate a great deal of money.

I am not sure we are likely to learn much from the problem that way. I think you will hear later on this afternoon some testimony from the Philadelphia School District. While they are not the only people that have a problem in this area, they have one that is probably as great or greater than anybody else's in the State.

I think you ought to listen carefully to what they say in the hope that their testimony may illuminate for you what the problem looks like from the point of view of a large city, and whether some different strategy may be called for in dealing with their problems.

Mr. ESHLEMAN. I want to get it straight in my mind, John. In other words, pilot programs better financed would be better than minigrants; is that what you are saying?

Mr. PITTENGER. I think a minigrant becomes a pilot program. At a certain point they shade into one another. But, if what you are doing is applied research, the kind Congressman Brademas was talking about a few minutes ago.

If you develop four different models, let's say, of what a drug education program might look like, then you had better be sure that you are testing them adequately, which means that they have enough money and are done over a long enough period of time and involve enough people so that the results can be generalized about.

A $5,000 grant will send one or two teachers to a college for a summer program to come back and maybe teach four sections. Out of that you will not get anything in the way of verifiable information about what works and what does not work.

Mr. ESHLEMAN. Excuse me for interrupting you, Mr. Lehman.

Mr. LEHMAN. I was finished, thank you.

Mr. BRADEMAS. I might just observe at this point some comments in a document entitled, "Federal Drug Abuse Programs," a report prepared by the task force on Federal heroin addiction programs and submitted to the criminal law section of the American Bar Association and the Drug Abuse Council.

It is a report which contains a chapter on the Office of Education which I would ask unanimous consent to include at the appropriate point in the record.

I mention the report at this time because it contains a discussion of the new minigrant program, that we have been talking about here, and makes the point that, in a number of communities, the guidelines sent out for the minigrant proposals were received only 10 days before the due deadline. Some communities did not receive guidelines until after the funding proposal deadline.

In addition, one-third of the minigrant proposals, says this report, were to come from model cities areas, though in most instances the cities were not aware of this decision. Such a situation reveals a severe lack of program planning.

The blame must fall on the Office of Drug Abuse Education. That may be at least one of the sources of the problem.

Mr. PITTENGER. That, I might say, Congressman, is a continuing problem, not only in this area but others in that the very school districts which often need help the most, and I am thinking now of some of the very remote isolated rural communities are the very districts that are likely to have the least sophisticated staffs.

We found, for example, in scholarship programs, and Congressman Eshleman knows and helped originally with our scholarship program here in Pennsylvania, that it is the suburban school districts whose children come by and large from the wealthiest families who make the best use of it.

It is the very poor districts in Appalachia where the children need the help the most that are likely not to have a Federal program coordinator or a scholarship coordinator. So, it is a difficult problem.

Mr. BRADEMAS. I would just add further, and finally, that this same report, from which I have just quoted, says that although the Drug Education Office had over five times as many projects in fiscal year 1972 as in the previous year, it has retained the same staff and is therefore terribly overburdened with respect to its capacity to monitor and evaluate the effectiveness of these programs.

I have just one final question, Mr. Pittenger. What about State money from the State of Pennsylvania for programs like those provided in the Drug Abuse Education Act?

Mr. PITTENGER. We have in Pennsylvania adopted what we think is a sensible strategy and that is one of trying to deal with the problem on a unified basis. The General Assembly set up something called the Governor's Council on Drug and Alcohol Abuse in a statute signed by the Governor last year.

That council has overall supervision of all problems related to drug and alcohol abuse. What they have done is to decide whether or not to partial the problem up and say, for example, to my department that we have responsibility for certain kinds of educational programs, that the State police have some responsibility, and so on.

Mr. Jones has just given me some statistics here which show that State grants in drug and alcohol programs for 1972–73 came to $7,264,000. Those are county programs, if I am not mistaken. They go to a countywide organization and were made to 40 of the 67 counties in Pennsylvania, including, as I look at this list, all the larger counties. In Lancaster County, for example, $60,000 of State money and an LEAA grant. That is another source of Federal funds.

Mr. **Brademas.** If I may interrupt, you are not suggesting, Mr. Pittenger, that that amount of money is earmarked for programs that are analogous to the Drug Abuse Education Act?

Mr. **Pittenger.** No, these are much wider. These are not just the educational components.

Mr. **Brademas.** And not just drugs.

Mr. **Pittenger.** Alcohol and drugs, education, research, information, a whole variety of things.

Mr. **Brademas.** You may find it difficult to break down, but if you could let us have that information subsequently, it would be the answer to my question, namely: How much money does the State of Pennsylvania put up in State tax dollars for the kinds of programs provided under the Drug Abuse Education Act.

Mr. **Pittenger.** I think we would have to break these figures. I don't think in the form I have them we could give you the answer to that question.

Mr. **Brademas.** Thank you very much, Mr. Pittenger and Mr. Jones. We appreciate very much your being here and giving us this valuable testimony.

Mr. **Pittenger.** Mr. Jones, I might add, will remain here and answer your questions about technical details in the program at a later point.

Mr. **Brademas.** Our next witness will be Mr. I. Ezra Staples, the assistant superintendent for Development of the Philadelphia School District.

[Dr. Staples' prepared statement follows:]

STATEMENT OF DR. I. EZRA STAPLES, ASSOCIATE SUPERINTENDENT, THE SCHOOL DISTRICT OF PHILADELPHIA

The dimensions of the drug abuse problem in the United States are well known to you. However, one aspect of this problem has not been sufficiently emphasized; namely, that the uncontrolled use of addictive and otherwise harmful susbtances threatens our very existence as a nation. History furnishes us with examples of societies that have been debilitated and demoralized through drug abuse. We in education must play an important part in fighting drug abuse; for our schools, despite their many changes in recent years, still function primarily as the transmitter—yes, even the preserver of our civilization.

Although we accept this role, we also recognize that, without assistance, the schools are powerless in combating many of the factors which account for the rising tide of drug abuse. These include:

1. *Availability.*—Despite all attempts by authorities to control the illegal distribution and sales of drugs, the traffic is huge because the profits are so incredibly great that lawbreakers are not deterred by the risk of severe penalties.
2. *The Fad Element.*—As one high school senior is reported to have said: "Trying drugs is the thing to do to prove you aren't chicken."
3. *Natural Curiosity*, especially as this involves searching for new experiences and the thrill of tasting forbidden fruit.
4. *A Solution to the Pressures of Society*, particularly when some type of out-of-the-ordinary performance is mistakenly sought.
5. *A Way to Escape the Realities of Life.*
6. *Association with Drug Abusers.*

The seriousness of the drug abuse situation in Philadelphia is highlighted by the following statistics from the Office of the Medical Examiner:

In 1961, 10 narcotic-related deaths were recorded. By 1970, the total had jumped to 184, to 274 in 1971 and to 289 in 1972. About 25% of these deaths were of persons between the ages of 16 to 20. This would include our high school population. The largest group, about 32%, was made up of young people between the ages of 21 and 25. But drug abuse is not restricted to any one age group. We also have records of fatalities among children below the age of 16—five such deaths were reported in 1971 alone.

The Philadelphia District Attorney's office reports that there are fifteen to twenty thousand heroin addicts in the Philadelphia area. This figure is confirmed by the Federal Bureau of Narcotics and Dangerous Drugs, which further claims that there are 25,000 to 35,000 other types of addicts in this area.

To date, our Federal, State, and City governments have had limited success in coping with the problems of drug abuse and alcoholism. Treatment centers are still scarce in the Philadelphia area and are not making enough of an impact. Even in an outstanding Federal institution such as the Lexington, Kentucky Rehabilitation Center, fewer than 1.5% of the hard core addicts treated have been cured. This is not intended as an indictment of the efforts of our governments. Dramatic success may not be achieved until our medical scientists come up with a solution.

How many of our children in the Philadelphia Public Schools are taking illegal drugs, either occasionally or habitually? Accurate figures are almost impossible to compile because a clandestine practice is involved, known primarily to the user and members of his "in-group." However, some preliminary figures are available. During April, 1973, a survey was made of the drug experiences of 550 tenth, eleventh, and twelfth grade Philadelphia public school students selected at random from all parts of the city. Of this number, 72% reported using no hard drugs (heroin, LSD, speed, barbiturates, glue) during the preceding two months. When marijuana and alcohol are included, the percentage of non-users drop to 58% and 51% respectively. In other words, 51% of these students reported using no drugs including alcohol whatsoever.

Of the remainder, 26% admitted to having used at least one of the hard drugs during this period, while marijuana was used by 42% and alcohol by 49%. Taking a closer look at the hard drug data, we find that 2% used glue, 2.1% heroin, 3.7% LSD, 9.7% speed, and 10.5% barbiturates. It is also significant to note that those admitting to using hard drugs further reported that such use was occasional—being limited primarily to parties and other social gatherings.

These figures correlate with the findings of New York's Fleischmann Commission, which reported last October that nearly half the high school students in New York City are more than occasional users of some drug: 45% of all students in grades ten through twelve, and 20% of those in the seventh through ninth grades.

In Philadelphia, as in other large American cities, non-users still constitute a slight majority in grades ten through twelve; experimenters can be found in the middle, junior, and senior high schools, while chronic users are mostly in the senior high schools, although we have found some in the middle and junior high schools. From all indications, therefore, the Philadelphia Public Schools, like other large city school systems, have very real "monkeys on their backs."

What are we doing about this? One hopeful sign is the work of Philadelphia's newly-formed coordinating drug abuse agency, which was organized during the past year, and is synchronizing the efforts of educators, law-enforcement, health, and welfare agencies.

In addition, The School District of Philadelphia is pursuing its own vigorous campaign. This began in 1970 with the formation of a Drug Abuse Advisory Council consisting of school administrators, teachers, students, parents, doctors, lawyers, police officials, and representatives of the District Attorney's office. The Council, which meets regularly to define the problem and seek solutions, agreed that:

1. Students seem to know more than their teachers about drugs and narcotics.
2. Some teachers are still imposing their own value judgments on students, thereby "turning off" the latter.
3. Increased use of available resources is necessary.
4. Increased emphasis must be placed on gaining parent interest and active participation.
5. There must be closer cooperation between the School District and Federal, State, and Municipal agencies.

6. Staff development is necessary at the elementary, middle, junior, and senior high school levels in order to update teachers' understanding and attitudes.

7. An inter-disciplinary approach must be intrinsic to drug abuse education; that is, it should be taught as part of the curriculum of other school subjects.

The first step in implementing these recommendations was to prepare an up-to-date teacher's resource book dealing with drug abuse education in all grades, kindergarten through grade 12: a convenient-to-use source of information that our teachers and counselors could rely on. Every member of our staff—over 12,000 persons—received a copy of this resource book, which covers:

1. Teaching hints and suggestions broken down into grade levels.
2. Student concepts to be developed in each grade.
3. A complete chart indicating the pharmacological makeup of drugs, their technical and slang names, the symptoms of those using them, and the laws applying to their use and misuse.
4. Guidelines for school personnel in dealing with students and others involved in the illegal use, sale, or possession of drugs and narcotics.
5. Questions most commonly asked by students and possible answer by teachers.
6. A list of agencies offering information and assistance to users and their parents.
7. An extensive list of teaching resources: textbooks, pamphlets, films, slides, tapes, and recordings.
8. Glossaries of medical, technical, and slang terms applying to commonly-used drugs and narcotics.

This resource guide has attracted much attention throughout the country: schools in over forty states have requested copies.

We are also employing many other strategies in fighting drug abuse. For example, we sponsor staff development programs in individual schools, the purpose being to tailor the content and format of the program to suit the special needs of each school. In addition to teachers, participants also include students, administrators, nurses, counselors, home and school coordinators, and parents. Topics for study are not limited to drug abuse education, but also include material on alcoholic beverages.

Bulletins supplying up-to-date information are sent periodically to all personnel involved in the program: This information, intended to supplement the resource book just mentioned, includes the results of the latest research findings, additional instructional materials, community resources, changes in the laws, and a current list of available speakers.

Workshops and seminars for school personnel are also held on a citywide basis. In these, leading authorities in medicine, treatment, law enforcement, and education work with our teachers, principals, and other professionals. Drug addicts and alcoholics from nearby treatment centers are invited to furnish participants with first-hand, realistic information.

Working with our professional staff is only one part of our campaign. We realize that drug abuse education must go beyond this. We therefore organized evening meetings for parents and students with recognized authorities in this field. These meetings are characterized by frank give-and-take discussions and question-answer periods.

After-school and evening extension programs were also available to parents and community members.

One of our most promising activities was developed from a grant by the Regional Planning Council of the Governor's Justice Commission. The grant was used in training teams of school personnel who then shared their information with other faculty members in their schools and with community members. Each team represented a school and consisted of teachers of different subjects (English, social studies, science, home economics, health education), as well as principals, counselors, nurses, home and school coordinators, and students. The last were included to give them training in exerting peer influence in helping other students. Because of the tremendous power of peer influence on drug abuse practices among our youth, it may well be that our first real breakthroughs in controlling and eliminating drug abuse will be made through this channel.

The teams met on Saturdays for six weeks. During the first four weeks, they worked on their own senior high school problems. On the fifth Saturday, students, parents and teachers from the middle and junior high schools feeding into these senior high schools joined the group; and on the sixth Saturday, the elementary feeder schools were included. Each school was required to develop its own plan; then model plans were prepared which might be used in elementary, middle, junior, and senior high schools.

Due to a 16-day teacher strike last September and another which lasted 38 days at the outset of this calendar year, the programs were interrupted. Our request for an extension of the Governor's Justice Commission funded program until June, 1973, was granted.

We feel strongly that the major thrust in drug abuse education must be in the area of preventive education. This does not mean that we should neglect students who indulge, but we realize that we cannot go it alone with them—that the total resources of the city, state, and nation must be mobilized to stamp out this insidious curse.

We recognize that throughout the country many drug abuse programs are meeting with limited success. However, our staff is developing programs and strategies which try to avoid the pitfalls of such programs. We feel that there is an important place for drug abuse education in the schools, but that these should involve students directly in peer groups and counseling, that special materials and programs must speak directly and plausibly to the needs and interests of students, and should involve a realistic knowledge of youth's attitudes and life styles. At present, our efforts are limited by our severe budgetary crisis. We need additional support and financial resources to develop and expand promising programs.

PERCENTAGE OF 550 STUDENTS WHO HAVE USED 1 OR MORE OF THE BELOW-LISTED DRUGS DURING FEBRUARY AND MARCH, 1973

Grade	Glue	Heroin	LSD	Speed	Barbiturates	Marihuana	Alcohol
10th	0.4	0	0.8	1.7	1.5	7.3	9.0
11th	.4	.4	1.1	1.6	2.1	8.6	8.5
12th	.4	.2	.4	1.2	1.6	7.1	7.8
Total, boys	1.2	.6	2.3	4.5	5.2	23.0	25.3
10th	.2	.5	.2	2.4	2.2	7.7	9.4
11th	.2	.4	.8	2.4	2.5	7.7	9.4
12th	.4	.6	.4	.4	.6	3.8	4.7
Total, girls	.8	1.5	1.4	5.2	5.3	19.2	23.5
Total, boys and girls	2.0	2.1	3.7	9.7	10.5	42.2	48.8

STATEMENT OF I. EZRA STAPLES, ASSISTANT SUPERINTENDENT FOR DEVELOPMENT, PHILADELPHIA SCHOOL DISTRICT, ACCOMPANIED BY THOMAS ROSICA, EXECUTIVE DIRECTOR, FEDERAL PROGRAMS OFFICE, AND DAN FALCO, ASSISTANT DIRECTOR, PHYSICAL AND HEALTH EDUCATION

Dr. STAPLES. I would like to introduce my colleagues. To my immediate right is Mr. Dan Falco who is assistant director of physical and health education for our school system and is the person who is most immediately involved with implementation of programs related to drug abuse education.

Seated beside him on the end is Thomas Rosica, who is the executive director of our Federal programs office.

With your permission, Mr. Chairman, we will start by reading some of this testimony because I would like to include as much of it as possible and we would be very pleased to react to questions that you have.

I would like to say at the outset that we deeply appreciate this opportunity to offer testimony and to see whether we can assist in any way in your deliberations for our joint concern about the problem.

We are very sure that the dimensions of the drug abuse problem in the United States are well known to you so we won't document any of that. But we in the schools, however, accept a real responsibility for coming to grips with the problem and attempting to numerate it.

Although we accept this we also recognize that without assistance the schools are virtually powerless in combating many of the factors which account for the rising tide of drug abuse.

These factors, as we see them, are the availability because despite all attempts by authorities to control the illegal distribution and sale of drugs, the traffic is still huge because profits are so incredibly great that lawbreakers are not deterred by the risk of severe penalties.

We face the fad element. As one high school senior is reported to have said: "Trying drugs is the thing to do to prove you aren't chicken."

A third element that we contend with is the natural curiosity and this furnishes high school students and others with the desire to try new experiences, the thrill of tasting forbidden fruit.

Another factor, of course, is the pressures of society and the seeking of drugs as a solution to the pressures of society as a way to escape reality. And then there is the constant association with drug abusers and pushers that we face in our cities and. I dare say. in other areas as well.

We have information in this statement that we will skip, the statistics as far as the incidence as reported by the office of the medical examiner of the city and the evidence that is furnished by the district attorney's office which, of course, underscores our feeling and our conviction that we indeed in the cities do have a drug problem.

As Secretary Pittenger related a few minutes ago, it is very difficult to assess accurately the extent of the drug problem in our Philadelphia public schools. It is virtually impossible to obtain accurate figures.

But, nevertheless, we tried to ascertain some preliminary figures and during the month of April we conducted a survey among some 550 10th. 11th. and 12th grade Philadelphia public school students selected at random from 8 different senior high schools throughout our city. All parts of our city were represented.

Of this number. 72 percent reported using no hard drugs during the preceding 2 months. When marihuana and alcohol were included, the percentage dropped considerably to 58 percent nonusers for the hard drugs and marihuana, and when we include alcohol, which we do include in our program, we found that 48 or 49 percent of the children did admit using alcohol during the preceding 2 months.

Our studies show that our experience was very similar to the experience of New York City and others. Philadelphia and other large American cities' nonusers do constitute a slight majority in grades 10 through 12.

Experimenters can be found in the middle, junior, and senior high schools. The middle schools, as you know, encompasses grades 5 through 8, which means there are experimenters of 10 and 11 years of age. Chronic users are found mostly in the senior high schools, although we have found some in the lower grades.

We would like to take a couple of minutes and tell you a little bit about what we are trying to do about the problem. This will be very brief.

We have had a great deal of support and cooperative effort from the community and other agencies. For example, in 1970 there was formed a Drug Abuse Advisory Council which consists of school administrators, teachers, students, parents, doctors, lawyers, police officials, and representatives of the district attorney's office.

This council is ongoing and furnishes a great deal of advice and help to us in our overall efforts. Some of the problems that are dealt with some of the solutions would lead us, as a council, to feel we can come to certain conclusions.

The students seem to know more than their teachers about drugs and narcotics. Some teachers are still imposing their own value judgments on students, thereby turning off the students.

Increased use of available resources is certainly necessary. Increased emphasis must be placed on gaining parent interest and active participation in our efforts.

We also feel there must be closer cooperation among the school district, Federal, State, and municipal agencies, and that a great deal of staff development is necessary with all of our people to update the understandings and attitudes of school personnel.

We have also included that an interdisciplinary approach must be integral to drug abuse education; that it should be taught as part of the curriculum of other school subjects as well as in the health education field.

In seeking to implement the recommendations of the council the ones I just referred to, several things were done. An up-to-date teacher's resource book was prepared dealing with drug abuse education and this was furnished for all grades, kindergarten through grade 12.

This is found to be a convenient-to-use source of information that teachers and counselors rely on. This handbook was distributed to every member of our staff, which, as you know, constitutes some 12,000 to 13,000 people who deal directly with children.

It contains teaching hints and suggestions, student concepts that we hope will be developed in each grade, a complete chart indicating the pharmacological makeup of drugs, their technical and slang names, the symptoms of those using them, and the laws applying to their use and misuse.

Mr. **Brademas**. Would you allow me to interrupt, Dr. Staples, to ask you did you happen to bring one of those books with you?

Dr. **Staples**. I am sorry, Congressman, we did not but we will furnish the committee with copies. We will send them directly to you on Monday.

Mr. **Brademas**. Thank you.

Dr. **Staples**. In this resource book we are referring to, in addition to the things I mentioned guidelines for school personnel in dealing with students and others involved in the illegal use, sale or possession of drugs and narcotics.

There was an attempt made to analyze the kinds of questions that students raise and give teachers guidance in dealing with those questions. Also, there is a list of agencies offering information and assistance to users and their parents, and an extensive list of teaching resources and glossaries.

I might add this resource guide has attracted much attention and we have been sending copies to virtually every State. There are 40 States so far that have requested and received copies.

In addition to the use of the resource book and activities related, we are attempting to employ other strategies in fighting drug abuse in our city. We sponsor staff development programs in individual schools, the purpose of which is to tailor the content and format of the program to suit the special needs of the students and of the community of each school.

In addition to teachers, participants in these sessions include students, administrators, nurses, counselors, home and school coordinators, and parents.

Bulletins are furnished containing information that is up-to-date and workshops and seminars are held on a citywide basis.

I am trying to move quickly so we can get into the questions. I will tell you about one of our most promising activities which was developed from a grant by the regional planning council of the Governor's Justice Commission with funding from the LEAA that was referred to earlier today.

The grant was used to train teams of school personnel who then shared their information with other faculty members in their schools and with community members. Each team represented a school and consisted of teachers of different subjects, for example, in the social studies, science, home economics, health education, as well as principals, counselors, nurses, home and school coordinators, and students.

The students were included to give them training in exerting peer influence in helping other students. Because of the tremendous power of peer influence on drug abuse practice among our youth, it may well be that our first real breakthroughs in controlling and eliminating drug abuse may come through this channel.

The teams met on Saturdays for 6 weeks. During the first 4 weeks they worked on their own high school problems. On the fifth Saturday, students, parents, and teachers from the middle and junior high schools feeding into these senior high schools joined the group; and on the sixth Saturday, the elementary feeder schools were included.

Each school was required to develop its own plan; then model plans were prepared which will be used in elementary, middle, junior, and senior high schools.

Due to a 16-day teacher strike last September and another which lasted 38 days at the outset of this calendar year, the programs were interrupted. However, we have obtained authorization to extend the program.

Earlier Secretary Pittenger very correctly referred to the fact that it is virtually impossible to evaluate the effect of programs such as the ones I have documented. We have some gut feelings about the results. We have some evidence as it comes to us from the reactions of people.

But, the hard data is, of course, not in on any of the programs that are carried out. We feel very strongly, however, that the major thrust of drug abuse education must be in the area of preventive education.

This does not mean we should neglect students who indulge, but we realize we cannot go it alone with them and that the total resources of the cities, State, and Nation must be mobilized to stamp out this insidious curse of drug abuse.

We recognize that throughout the country many drug abuse programs are meeting with limited success. Secretary Pittenger earlier referred to a study made in Michigan which reported very limited success.

However, our staff is developing programs and strategies which try to avoid the pitfalls of some of the less successful programs. We feel that there is an important place for drug abuse education in the schools but that these should involve students directly, peer groups, and counseling and that special materials and programs must speak directly and plausibly to the needs and interests of students, and should involve a realistic knowledge of youth's attitudes and lifestyles.

At present, our efforts are limited by our severe budgetary crisis. We need additional support and financial resources to develop and expand promising programs.

In view of the earlier discussion, I would like to point out that through the Drug Abuse Education Act we have recently received a minigrant of $2.700 to provide special training for a team of community and school personnel.

Because of the disruptions of the current school year that I have just documented with the two teacher strikes, it was deemed advisable to postpone the implementation of this minigrant until the coming September, and it is our intention to implement it with a team from one of our senior high schools and feeding junior high schools early in September.

We certainly appreciate this opportunity and thank you very much for listening to our testimony. We are pleased to attempt to respond to any questions you might have.

Mr. BRADEMAS. Thank you very much, Mr. Staples.

I am wondering if you can make any comment on the racial composition of the Philadelphia School District. To what extent can the fact that at least in many major urban areas, Philadelphia, New York, Chicago, Detroit, where blacks are in low income areas and are afflicted with a wide variety of problems in finding jobs, can it be said that the black community suffers more from drug abuse than the white community?

My own commonsense observation would be—and you can respond to this in any way you see fit—that if that is the case, if there is a higher incidence in major urban areas of drug abuse among young blacks, let's say, this might be associated with the facts of a wider degree of poverty and a very high unemployment rate.

Dr. STAPLES. Mr. Chairman, it is our experience that there isn't a direct relationship in our city between the problem of drug abuse and race.

As you know, our school system itself is made up of approximately 60 or 62 percent black youngsters, and the population of the city is considerably less. It would be more like 35 to 40 percent.

The senior high schools in which we have found the problem to be most severe are not necessarily the schools in which there is the highest concentration of black students. One of the schools, for example, which has emerged as having a severe problem, is in an area in which there is a racially integrated population.

Another school which might very well be second on the incidence list is in an area which is virtually all white in the northeast section of our city, so it is our feeling that the problem does not follow racial lines. The manifestation of the problem might, depending on the poverty level.

In the one case, if the youngsters are more affluent they may not have to resort to the type of crime which results if there is a low poverty level and a desire to satisfy a drug habit, so to speak.

There is a very heavy incidence with respect to alcohol use. There is a very heavy consumption of wine, being the least expensive, I suppose, of the alcoholic beverages in economically depressed areas and frequently areas which are black.

It is our feeling again that we don't see any direct relationship on a racial basis.

Mr. BRADEMAS. Dr. Staples, you made reference to the teachers resource book, and you are aware, I am sure, of the difficulty that we found in seeing curriculums materials developed. It seemed, on the basis of some evaluative experience, to be regarded as effective.

Can you tell us who prepared that book and how do you intend to evaluate it? My question is not critical. I am just curious. If one is going to put this kind of a book in the hands of key personnel throughout your school system, how did you decide what went into the book and what it is you are going to teach people?

Dr. STAPLES. The question you raised gets to the heart of much of our total curriculum development activity, and all too frequently material of a curriculum nature has, as you indicated, been sent out and not even used.

We attempted to deal with this problem because in the genesis of the book and in the development of it we had a broad representation of the kinds of people I referred to earlier in our testimony.

For instance, there were teachers who were deeply involved from all parts of our city on all grade levels. There was the agency we had talked about which represented all kinds of community groups. The students were involved in the preparation of the book as well as parents and other groups we have mentioned.

In attempting further to come to grips with the problem we sought first to find out from the people who would be the users the kinds of questions and problems they had to which they wanted a resource and a response.

The book includes in it, as you will see when you get a copy of it, not a didactic kind of recounting and prescription about how to teach, but the kinds of resources teachers could draw from and enhance their own backgrounds and apply in their own situation.

The evaluation of this material and virtually everything we put out is very, very difficult. Part of the evaluation has come from the responsiveness, the requests for literally hundreds and hundreds of copies.

The implementation, and perhaps Mr. Falco would like to pick this up further, of it, we have a system of having supervisors who work directly in the schools and help teachers to see the value of such material and help to see how it works.

Mr. BRADEMAS. Mr. Falco, do you want to comment on that? What is your position again?

Mr. FALCO. Assistant director of health education.

I don't know if we made the statement that there are eight school districts in Philadelphia. At the head of each district, as far as physical and health education, we do have a supervisor who does a great deal in the way of staff development in each district.

In addition to the supervisor, a central office person, such as myself and my director and some of our release persons who are people in the area of drug abuse who have had some experience in consulting work on the outside also help in staff development, giving advice and information to teachers.

This is one way of making sure that implementation is a continuing thing and ongoing programs are updated. This is a changing culture and we try our best to keep our finger on it.

As a matter of fact, just a week ago we issued a bulletin on Quaalude, which, until recently, was a nonrestricted drug. A bulletin went out immediately notifying each of the principals this was a restricted drug, what the symptoms are and how to work with the kids in the event this drug was taken.

Mr. **Brademas**. I might put to you, Dr. Staples, the same question I put to Secretary Pittenger; namely: Do you support extension of the Drug Abuse Education Act, and if so, have you any proposed amendments to it?

Dr. **Staples**. Yes, sir: we would certainly support extension of the act and, if possible, not only the extension in terms of the time but a great deal of increased resources because the problem obviously is tremendous and we do need increased resources.

With respect to any amendments, and so on, the thing we would ask is basically two things. There should be more flexibility in the guidelines so that we would not necessarily be restricted to a minigrant which calls for a really small group of people to go off for a week and get special training.

This, for example, to show you the need for flexibility in our place, became very difficult for us to do because it was not practical for us to immediately release key people from our schools and key people from the community to make up the team to go get the training.

We would have prefered to be able to tailor a program and we hope the bill will be written in such a way that we will have this flexibility.

The second point, which I think we referred to earlier, is that while it is very true that the problem is extensive and not at all limited to urban areas of the cities, we quite naturally hope that there be not a mathematical division of the funds available but a kind of waiting process so that cities and urban concentrations which do have the problem exacerbated would have a corerspondingly larger amount of resources available to it.

Mr. **Brademas**. Thank you very much, Dr. Staples and gentlemen. Mr. Eshleman.

Mr. **Eshleman**. Dr. Staples, on page 8 of your statement you say your efforts are limited by a severe budgetary crisis and in your testimony you said you need more resources. Let us assume next year you would get those additional resources. Specifically what three things would get priority? What three things in the Philadelphia school district would get priority if suddenly you got enough resources?

Dr. **Staples**. Before we could pick these three things and many others we would want to have more discussion. But, these are many priorities we have. I will just list three.

Mr. **Eshleman**. In other words, I am trying to establish priorities. If you had the money what would be your priorities?

Dr. STAPLES. I will start it and then ask my colleagues if they would like to add. The program that we indicated we were able to carry out during this past year was $159,000, which came through the LEAA.

With that amount of money, to show you the dimensions of the problem, we were just able to scratch the surface. We had a small team who did some planning. For the implementation of those plans we need additional funds.

For example, there should be in each of the senior high schools a person who would be full time in drug counseling. When I say drug I mean drug and alcohol together.

Mr. ESHLEMAN. You don't have that now?

Dr. STAPLES. No; we don't. Our senior high schools, for example, have the counseling staff you are probably familiar with, Mr. Eshleman, which is rather limited, which has to cover the waterfront with employment, certification problems, and adjustment problems generally.

And, as a result of some pilot programs in one or two of our schools we find the kind of setup where you have a person who is a drug counselor working with a peer influence project, for example, appears to have considerable impact on the lives and on the thinking of the children.

I will start that off and ask Dan if you will pick it up and mention a couple of other of our priorities.

Mr. FALCO. I think we left out the junior high school and our middle schools when we talk about a drug counselor at the senior high school level. It would seem to me we ought to have such a person in our junior and middle schools to do the same kind of things but perhaps more effectively with a smaller number of young people to do one-to-one rap, sensitivity, discussion, counseling problems with the family and let's deal here in the area of prevention and education before the youngster in senior high school is already involved.

It seems like that would be in addition to what Dr. Staples has asked for. He mentioned the release person in senior high school. I see it also strongly in our junior and middle schools.

He mentioned the peer influence project. One of the holdbacks in our senior high school program with the peer influence program is that there isn't that one special person who is around any part of the day for these young people to go to when they either want advice, counseling, or information relative to helping other young people.

If you have a room that is available where young people should go there ought to be some type of supervision. This isn't always available unless some one person is in the area working with these young people.

This one person gets to have a very important role as we see it. I would like to see one in every junior and middle and senior high school. I think staff development needs to go on. We must continue to give teachers information.

As I said, it is a change in culture. We do not have sufficient funds for the kind of staff development that goes beyond the school day. I think there should be evening programs, programs available so the parents know what is going on alerting them to what is happening. This also requires money. This requires the time and painstaking effort in terms of getting publicity out, in terms of getting youngsters to notify their parents. This is all part of the picture as we see it in terms of priorities.

Dr. **Staples**. I don't know whether this would be a third or fourth, but I would certainly support what Secretary Pittenger said with respect to research. We really don't know definitively what works and what doesn't, and if I could add another priority, I would hope that we have the financial resources to support research efforts that would give us a more clear direction.

Mr. **Eshleman**. I have no more questions.

Mr. **Brademas**. Mr. Lehman.

Mr. **Lehman**. How large is the Philadelphia School System?

Dr. **Staples**. We have approximately 286,000 children.

Mr. **Lehman**. Just slightly larger than the Dade County Public School System in Miami. How much are you budgeting out of your local funds for drug abuse education?

Dr. **Staples**. Do you mean other than the special funding that I had referred to?

Mr. **Lehman**. Yes.

Dr. **Staples**. The operating budget. The operating budget as such does not have any funds earmarked specifically for drug abuse education. However, as part of the total health education program, as part of the staff which we furnish for this purpose, certainly there are some funds that are available but our problem is they are not specifically earmarked.

Mr. **Lehman**. We have a physical education department but we spun off the drug abuse education department from the physical education department. You still have it combined in one department?

Dr. **Staples**. Yes.

Mr. **Lehman**. But it would be part of the budget of physical education?

Dr. **Staples**. Yes.

Mr. **Lehman**. At present Dade County is funding over $350.000 strictly in local funds. None of that is coming from the Federal Government for drug abuse education. Are you getting any direct assistance for drug abuse education funding from the Federal Government for your physical education department now?

Dr. **Staples**. Tom Rosica reminds me just the one I referred to, the $2.700 minigrant. Other than that there isn't any.

This year we face a particular problem. Congressman. We have just had a very serious budget cut, as you have probably read, in certain areas. One of the areas was in the money allocated for staff development generally and for preparation of program.

Mr. **Lehman**. To me the problem in this thing is you have the fifth largest school system in the country and we have $12 million in the Federal budget for drug abuse education and you get a little over $2,000. There is a spread in that gap. The program isn't getting down to where it is supposed to be getting down to.

That is one of the main services these kind of hearings can resolve. Where is the roadblock? If we can knock this roadblock away then we can get the money to you. If you can tell me where that roadblock is then I could apply it to my own district.

Mr. **Rosica**. When you refer to the roadblock. we have testified several times to the fact that, No. 1, there is a funding of $12 million nationally. Second, we are talking about minigrants which are limited in nature.

I think the variety of things that can be done and should be done—No. 1, we are talking about looking at the urban situation and looking at the particular problems we have in terms of the numbers we are dealing with.

And, as stated before, providing us with enough funding so we can make some kind of an impact. That is the particular problem at the moment; $2,700 deals with 2 schools and we are dealing with 300 schools at the present time in Philadelphia.

Mr. LEHMAN. The same thing applies to our school system. Something happens between that $12 million before it trickles down to the $2.700 grant to the fifth biggest school system in the country. That is what I am trying to find out.

If the data in your appendix is valid, "you ain't got no problem." Compared to what I have heard, the fact that 7 percent of your seniors have used marihuana in the last 2 months and 1.6 of your seniors have used barbiturates in the last 2 months, certainly doesn't conform to the information I get in other places.

Dr. STAPLES. We did have trouble determining how best to state this. For example, with respect to that chart on marihuana use, it is intended to convey this message that 23 percent of the boys in the 10th, 11th and 12th grades had stated they had used marihuana within the last 2 months.

Mr. LEHMAN. I am not trying to nit-pick.

Dr. STAPLES. The figure you are reading, Congressman, I think is the 10th grade, 7.3, 11th grade, 8.6, and 12th grade, 7.1. That would make the aggregate among the boys of 23 percent.

Mr. LEHMAN. I would see the average would be about 7.9 percent. That is just the way you interpret these figures.

Dr. STAPLES. And the total boys and girls came to 42 percent. With respect to alcohol it is even more startling, 48.

Mr. LEHMAN. Even with barbiturates, if you add them up all together and you figure 5 percent, it certainly doesn't relate to the kind of pill popping that I have been informed goes on in most of the schools.

Thank you very much for your testimony.

The main thing I would try to find out is where is this $12 million going. None of it gets to Dade County and only $2,000 gets to Philadelphia.

Mr. BRADEMAS. Thank you very much, Dr. Staples.

Dr. STAPLES. Thank you very much.

Mr. BRADEMAS. Our next witness is Mr. Keith H. Lebo, assistant superintendent for instruction of the Lebanon School District.

Mr. Lebo, we are pleased to have you with us.

[Mr. Lebo's, and others, prepared statement follows:]

KEITH H. LEBO, ASSISTANT SUPERINTENDENT; ROBERT K. BOWMAN, DIRECTOR OF PUPIL PERSONNEL SERVICES, LEBANON (PA.) SCHOOL DISTRICT

Mr. Chairman, I am pleased to have the opportunity to share our experiences and thoughts with you this afternoon. I understand that our role is to relate "feedback" on the effectiveness of drug abuse education programs and to give direction and precedence to the jobs still undone.

(1) Lebanon enjoys the fortune of experiencing quite a different problem than many of its surrounding communities as far as the confirmed incidence

of drug abuse is concerned. The problem exists, of course, as it does in all communities, but to a far lesser extent.

(2) Our school district is a city district, and a rather accurate picture can be gotten from the juvenile police statistics for the 1972–73 school year.

During this period of time (September, 1972 to May, 1973 inclusive) there were twelve (12) juveniles either arrested or contacted for violation of drug laws. They ranged in age from 13 to 17 with the average age of 15.6. It is important to note that only two of these were cases where there was an actual arrest of in-school children. This involved two 17-year-old boys.

During this same period of time six (6) children ranging in age from 13 to 16 with an average age of 15, were contacted for glue sniffing.

Alcohol is considered to be a drug, but for the purposes of statistical evaluation, this data is treated separately and presents a more surprising figure. During the same time period, twenty-five juveniles, ranging in age from 15 to 17 with an average age of 16.2 were arrested or contacted for violation of liquor laws.

There were 40% more incidents involving alcohol abuse than that of drug use and glue sniffing put together.

(3) An evaluation of the Lebanon County Juvenile Probation Officer's report for the calendar year 1972, shows that in Lebanon County (of which the city is only a part) seventeen (17) juveniles were referred for violation of drug laws (ten narcotic and seven for non-narcotic).

The liquor problem is not accurately reflected in this report because this offense is handled at the Magistrate level and is seldom referred to the probation office unless chronic. Even so, there were eight (8) alcohol-related violations reported.

We must face the fact that alcohol is a drug and it is the most serious drug problem of all.

(4) There are other facts confronting us. Our young people live in a pill society. They have been accustomed to taking pills for every reason one can imagine. Pills to most people are forms of "help" or "crutches" to get them over a problem ranging from obesity to pregnancy.

The actual taking of drugs is not the problem. Drug abuse is not the problem. This is only a symptom of a problem. The "problem" is, "Why do people want to take drugs?" What is it in society that makes a person feel he needs to take a pill or get high on marijuana or shoot heroin in order to have a better feeling about himself? Finding the answers to these questions presents a tremendous challenge to society.

Allow me to relate quickly some of the activities of our school district in the area of drug abuse education. Our district, like so many others in our area and across the nation, has had to analyze our positions and make revisions and innovations. We have introduced drug education programs into the elementary school, and we have expanded the drug education responsibilities of the junior high school. The senior high school program has been re-examined and up-dated.

Many of our teachers and administrators have attended drug abuse seminars and workshops; some have earned college credits in drug education courses. In-service time has been devoted to drug abuse concerns. Through student assemblies, community meetings, and the use of resource people we have attempted to strengthen and to add credence to our on-going programs.

We have used programmed materials, game simulations, films, records, and all types of printed material in striving toward a functional program. We have set up an internal referral system so that student concerns and problems can be handled judiciously.

In comparing drug use and abuse, we have attempted not to sensationalize the problem but to meet the problem with an open, honest approach. We are now moving away from the special session, assembly type of approach to make the program a part of the regular, on going classroom experience at all levels.

Our district is vitally concerned with the effect of drug abuse on our young people. Although the experts actively involved in the drug scene appear unable to agree upon the actual extent of drug abuse, they do concur on several characteristics of the current drug problem that make it very different from the drug problems experienced by previous societies. First, today's problem is associated largely with youth. Second, modern science has produced chemicals and synthetic drugs that have mind-altering properties and which are taken for pleasurable purposes with little knowledge of the medical consequences. Third, in ancient cultures drugs were often an integral part of tribal customs and religious rites, or preparation for warfare. Today, quite in contrast, overt reasons for initial drug use are generally anti-social.

We feel that a drug problem is a local problem. The youngsters affected are local youngsters. The causes and symptoms are local and indigenous. Most important, the policies which direct the school staff along avenues aimed at resolving the drug problem are local in origin, and the boards that draft the policies are held locally accountable. In line with this thinking, our board has adopted a written policy which has, on several occasions, been tested and carried to final procedures.

Much has been said in recent years concerning the approaches to teaching which are requisite for a successful drug-education program. A major hope of reducing drug abuse is via an approach to potential users on their own terms, with restraint and respect, with solid facts and with complete honesty. How the teaching is done, with how much skill and respect for the intelligence of the learners, are vitally important factors. Considerable advice, suggestions, and cautions regarding teaching demeanor are being expressed and disseminated by professional organizations. The NEA, for example, has issued the following suggestions to teachers for communicating effectively with potential drug users:

It seems to us vitally important that programs designed to help teachers with their approach to the problem of drug abuse be continued. Perhaps there should be a required course in this area for all teacher trainees or a mandatory course required for permanent certification. In the long run, only a devoted teacher can provide the necessary continuity and appropriate selection of learning materials and experiences for the specific needs of a classroom group.

In all honesty, we feel that our school district is doing a more than adequate job in the basic areas of drug abuse education. Obvious and subtle weaknesses in the home structure often emerge as the real culprits in this difficult problem. Remedying this situation is usually out-of-bounds and literally impossible for school authorities. Because of this, we feel that training our teachers in the humanization of their profession is of utmost importance. By impressing on them the importance of each student as an individual, we could encourage teachers to take an active part in producing responsible students. Because our educational system is so highly efficient today, we have caused many students to become alienated. We have become intensely involved in the mechanics of education, but have not succeeded to the extent possible in the humanization of education. As Arthur W. Combs of the Center for Humanistic Education at the University of Florida has said, "We can get along a lot better in our society with a bad reader than we can with a bigot. We do a lot about bad reading, but we don't do very much about bigotry."

By not sufficiently humanizing education we have to admit that we may have aided in putting some drug addicts into society. What might have happened to these students if somewhere along the line they had come in contact with that special class of teacher who had the knack for humanization? Such teachers move students' minds. Facts stored in students' minds during previous years are moved around and organized for effective use during the years they teach. They develop in students a deeper understanding of such ideas as patience, love, tolerance, and acceptance. These teachers create another teacher in the mind of the student—a teacher who takes over at the end of the year and continues to goad the student through life. Most of us can remember three or four such teachers. Every school has a few and everyone knows who they are, even though they come in a variety of body styles, personalities, and ages.

Perhaps this is where the real answer to the drug problem lies—bringing students into contact with teachers who help them feel their needs and help them discover needs they never knew they had. Programs organized to develop and encourage this capacity in our teachers seem to us to be a major key in helping to solve this tragic problem. We seem to have the mechanics; we need the insight.

I'd like to close with this thought from the mind of a student of the U. of Mass.:

> "Some day my eyes will be closed forever
> And forever is a frightening word to me.
> I don't want to live the unlived life.
> I want to fly, now, while I still have the wings of life.
> The only problem is, I don't know in which direction to soar."

Our students who will succumb to the entrapment of drug abuse really want to fly, but simply don't know in which direction to soar. Our job is to provide the teachers who can catch them before they take off, and provide that direction.

Therefore, our hope is that funds will be provided to continue to establish programs that will eventually train all teachers—or the under-graduate, graduate, and in-service levels—to use the humanistic concerns in their dealing with boys and girls. Only then can we find the answers to the "Whys" of artificial stimulants.

STATEMENT OF KEITH H. LEBO, ASSISTANT SUPERINTENDENT OF INSTRUCTION, LEBANON SCHOOL DISTRICT, ACCOMPANIED BY ROBERT BOWMAN, DIRECTOR OF PUPIL PERSONNEL SERVICES

Mr. LEBO. Thank you, gentlemen. I have Mr. Robert Bowman with me from our school district, the director of pupil personnel services, who will respond probably more specifically to the questions you might have.

Mr. BRADEMAS. If you could, Mr. Lebo, try to summarize your statement. That will enable us to put more questions to you.

Mr. LEBO. Yes; I would like to refer to some parts of it specifically because we did spend some time on our statement and it really reflects our thinking.

The first part of our presentation does deal with the reflection of our community. We are right from the immediate area, so to speak. We are a rather small district in terms of what you just heard, I think only a fraction of what Philadelphia has.

What we have done here is outline specifically the number of drug abuse cases that have been reported as best we can from the juvenile police statistics. We think it is interesting that there is a greater concern over the abuse of alcohol in our community rather than drugs. We mentioned that there were 40 percent more incidents involving alcohol abuse than that of drug abuse and glue sniffing put together.

We must face the fact that, of course, alcohol is a drug and is a most serious drug problem of all, but there are other factors confronting us.

Our young people live in a pill society. They have been accustomed to taking pills for every reason one can imagine.

Pills to most people are forms of help or crutches to get them over a problem ranging from obesity to pregnancy. The actual taking of drugs is not the problem. This is only a symptom of a problem. The "problem" is, "Why do people want to take drugs?" What is it in society that makes a person feel he needs to take a pill or get high on marihuana or shoot heroin in order to have a better feeling about himself? Finding the answers to these questions presents a tremendous challenge to society.

What we have done in our report is related some of the activities of our school district in the area of drug abuse education. We introduced drug abuse education in the elementary school, and we have expanded the drug education responsibilities of the junior high school. The senior high school program has been reexamined and updated.

Many of our teachers and administrators have attended drug abuse seminars and workshops; some have earned college credits in drug education courses. The inservice time has been devoted to drug abuse concerns. Through student assemblies, community meetings, and the use of resource people, we have attempted to strengthen and to add credence to our ongoing programs.

We have used programed materials, game stimulation, films, records, and all types of printed material in striving toward a functional program. We have set up an internal referral system so that student concerns and problems can be handled judiciously.

In comparing drug use and abuse, we have attempted not to sensationalize the problem but to meet the problem with an open, honest approach. We are now moving away from the special session, assembly type of approach to make the program a part of the regular, ongoing classroom experience at all levels.

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First, today's problem is associated largely with youth. Second, modern science has produced chemicals and synthetic drugs that have mind-altering properties and which are taken for pleasurable purposes with little knowledge of the medical consequences. Third, in ancient cultures, drugs were often an integral part of tribal customs and religious rites, or preparation for warfare. Today, quite in contrast, overt reasons for initial drug use are generally antisocial.

We feel that a drug problem is a local problem. The youngsters affected are local youngsters. The causes and symptoms are local and indigenous. Most important, the policies which direct the school staff along avenues aimed at resolving the drug problem are local in origin, and the boards that draft the policies are held locally accountable.

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The NEA, for example, has issued the following suggestions to teachers for communicating effectively with potential drug users, and we list those here.

It seems to us vitally important that programs designed to help teachers with their approach to the problem of drug abuse be continued. Perhaps there should be a required course in this area for all teacher trainees or a mandatory course required for permanent certification.

In the long run, only a devoted teacher can provide the necessary continuity and appropriate selection of learning materials and experiences for the specific needs of a classroom group.

In all honesty, we feel that our school district is doing a more than adequate job in the basic areas of drug abuse education. Obvious and subtle weaknesses in the home structure often emerge as the real culprits in this difficult problem.

Remedying this situation is usually out of bounds and literally impossible for school authorities. Because of this, we feel that training our teachers in the humanization of their profession is of utmost importance.

By impressing on them the importance of each student as an individual, we could encourage teachers to take an active part in producing responsible students. Because our educational system is so highly efficient today, we have caused many students to become alienated.

We have become intensely involved in the mechanics of education, but have not succeeded to the extent possible in the humanization of education. As Arthur W. Combs, of the center for humanistic education at the University of Florida, has said, "We can get along a lot better in our society with a bad reader than we can with a bigot. We do a lot about bad reading, but we don't do very much about bigotry."

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Mr. Brademas. Thank you very much, Mr. Lebo.

I was struck by two statements which you made in particular; one, that the abuse of alcohol is a more serious problem with respect to young people in your own area than drug abuse. The second thing that struck me was your call for teacher training of a more humanistic kind.

I say that because one of the suggestions that has come up quite frequently during our earlier hearings on this legislation is that we give more attention to what might be called the affective side as distinguished from the cognitive side of the educational process.

I am just making an observation here rather than asking you a question. This, of course, as you suggested, involves the home as well as other sectors of our society.

Mr. LEBO. If I may comment, we certainly have done a fairly good job on the descriptive nature of the characteristics of drugs and drug abuse. I think this has been well indoctrinated into our students to a great extent; in fact, almost to the point that students are turning off their hearing aids.

They have heard this before. They have been told this often enough. So there must be another way of getting to the students and having them realize the potential dangers of the drug scene.

Therefore, in doing some soul searching in preparation for coming here, we really felt that what we need to do is take a hard look at the ways we can humanize instruction. We can help make teachers understand the concerns that boys and girls have, because invariably when you analyze a discipline problem at school, you can perhaps draw a pretty sharp relationship to the system in which the incident was initially handled. Perhaps it was handled poorly, and therefore, when a pattern develops and things seem to snowball, you get the type of deep-seated problem the students have that would necessitate an escape mechanism.

Mr. BRADEMAS Thank you very much.

Mr. Eshleman.

Mr. ESHLEMAN. Mr. Lebo, since these hearings are held in my congressional district and we have scheduled one educational spokesman from each of the three counties in my district, I am going to ask each one the same question, so the other two have advance knowledge of it.

I distributed a questionnaire to high school seniors this spring, and I didn't ask any of them if they used dope, and the answers were anonymous. This was districtwide, not just Lebanon County, but it wouldn't be far off between the three counties.

Twenty percent of the students said that drugs was a serious problem affecting them. They didn't say they are using it, but they said—one out of five students in our school system said to me privately in a questionnaire, that it is a serious problem to them.

Those statistics are higher than Philadelphia statistics. I am wondering, is the drug problem worse in our congressional district, or are we sweeping it under the rug? I don't mean anybody in particular. I will include myself in the indictment. Are we sweeping it under the rug?

This statistic amazed me when one out of five students tell me privately that it is a serious problem to them. I would be interested in your comment.

Mr. LEBO. First of all, what does a serious problem to them mean? Does this mean they know about it? In the broader sense, the world situation is still a serious problem to us.

Mr. ESHLEMAN. Let me interject something here. In a later part of that questionnaire, 66 percent of the students said they were aware of it in their school system. That would answer that question.

I didn't want to say that, but 66 percent said they were aware of it, and one out of five said it was a serious problem to them. In plain words, this scares me.

Mr. **Lebo.** Maybe we will start out by having Mr. Bowman, who works more directly with the students as director of pupil personnel, give us his comment on that.

Mr. **Bowman.** I read the results of your survey. They were published in our local newspaper. Perhaps, and we only know on a perhaps basis, when they say a serious problem to them, they are thinking in terms of it as a matter of serious concern to them. That is a possibility. It is a problem I am concerned about, not necessarily in myself, out in others. I throw that out as a possibility.

Of the 66 percent that you talk about, if we had some cases in our high school and if a student is arrested for drug abuse, it doesn't take long till everybody in that school knows about it. So in terms of being aware, that could be part of the answer.

The statistics which we have included in here which indicate a little problem, we realize that is not really an accurate statistic. Those statistics merely indicate those people who have been caught.

When we talk to the users, the people who have been involved or been questioned by the police or been arrested, and I have discussed this with our police department before we came here and I have also discussed it many times with our people, we ask them, "How serious a problem do you think it is? How many kids are using it?"

Their answers will range—and again, they have no more reliable data to go on than perhaps I do. Some will say 40 percent, some will say 30 percent, some will say 10. The police department estimates, based on what they have gathered from informants, around 30 percent have experimented, have taken a pill or smoke marihuana, but they also feel the incidence of the use of heroin, for example, which is considered to be the hardest drug, is practically nonexistent in our community.

But again, this isn't factual. There has been no real study.

Mr. **Eshleman.** I won't ask any other questions.

Mr. **Brademas.** Mr. Lehman.

Mr. **Lehman.** I just want you to know I like the humanistic approach to the whole problem. If you find a child in your school under the influence of drugs or in possession of drugs, what do you do?

Mr. **Bowman.** We have a school policy, passed by our board, which specifically spells out what we do. The person who discovers this incident is to refer immediately to the building administrator. The parents are notified. The child is taken to the school nurse and examined from the viewpoint of how serious a medical problem it is at that particular moment.

The parents are asked to come to school, and they are asked to take the child and get medical treatment. Then a written report must be made by the person who has discovered the incident and submitted to the administration, and the matter is taken up by the school board for disposition.

That is in the case of the student who comes to school obviously under the influence. I understand that was your question.

Mr. **Lehman.** Two things: Influence and possession.

Mr. Bowman. The same thing would be true for either one. On the other hand, students who have drug-related problems who maybe come to a counselor and say, "I would like to talk to you about this," these kinds of things are confidential and are handled strictly within the professional program of the counselor.

Mr. Lehman. The thing I was trying to get at is, is the child suspended or expelled from your school system because of either being under the influence of drugs or in the possession of drugs?

Mr. Bowman. Yes, he is suspended.

Mr. Lehman. Are there any programs in your area whereby he could seek help to be either related or fed back to the school system?

Mr. Bowman. We consider suspension a temporary thing, rather than an expulsion.

Mr. Lehman. Suspension, and then you come before the board to get expelled. It would be the same thing. Does the child in possession of drugs become expelled from the school system? Are there any other programs in your area that would enable this child to get back in the school system?

I am trying to see what kind of Federal funding we need for the level of drug abuse education after they are caught.

Mr. Bowman. We have a mental health/mental retardation agency in our community, as does every other county in Pennsylvania. They have a drug and alcohol abuse council, which is a part of the mental health/mental retardation agency.

Mr. Lehman. Nothing directed to this type of a problem?

Mr. Bowman. Their function is to work with the student.

Mr. Lehman. There is nothing specifically directed to this?

Mr. Bowman. To the expelled student? No.

Mr. Brademas. Thank you very much, Mr. Lebo and Mr. Bowman. We appreciate very much your thoughtful testimony.

Mr. Lebo. We appreciate the opportunity to come before you.

Mr. Brademas. The next witness is the Honorable Patricia Crawford, member of the State house of representatives.

Mrs. Crawford, we are glad to have you with us.

[Mrs. Crawford's prepared statement follows:]

STATEMENT OF HON. PATRICIA CRAWFORD, MEMBER, PENNSYLVANIA STATE HOUSE OF REPRESENTATIVES

In 1969, a Special House Committee was established to investigate the drug problem in Pennsylvania. The work of this Committee resulted in the preparation and subsequent passage of the Pennsylvania Drug and Alcohol Abuse Control Act of 1972. The Act established a new State agency, the Governor's Council on Drug and Alcohol Abuse. This seven-member Council, which is chaired by the Governor, has had the responsibility during its first year of operation to prepare and submit to the General Assembly a Master State Plan for the Prevention, Treatment and Control of Drug and Alcohol Abuse. The Plan, itself, now serves as a vehicle for the implementation of the comprehensive drug and alcohol program in Pennsylvania.

The State Plan prepared by the Council provides for a decentralized planning system for drug and alcohol programs. Each county is required to establish a local Citizen's Planning Council to develop the County Plan for services. The Commonwealth is requiring that each county provide programs for the non-user, the early user, and the chronic or dysfunctional user of drug and alcohol. This three-prong prevention strategy provides for a system that requires that each county allocate some of its available resources for prevention programs.

Chapter 3 of the Plan deals with primary prevention programs using the modality of preventive education. As indicated in the Plan, the concept of preventive education being used by the Commonwealth is considerably broader than just supplying basic information to school aged youngsters. The Plan talks about "nurturing healthy attitudes, habits and behavior in young people prior to and during the time that they make a decision to become involved with drugs. These abilities would equip them with decision making skills, personal goals and alternative to drug and alcohol abuse that would help them in these personal choices." As you can see, the Plan talks about the development and initiation of programs in the school systems that speak to some of the underlying problems that could result in drug abuse.

A major undertaking of the Commonwealth as provided for in the Plan is the establishment of an Addition Prevention Laboratory which has as its concerns: 1. The designing and evaluation of effective modalities for drug and alcohol abuse prevention, and 2. the provision of training for school personnel and the application of effective primary prevention modalities.

The Addiction Prevention Laboratory will be a contract between the Commonwealth and the Pennsylvania State University. Upon its establishment, school personnel from district throughout the State will be afforded the opportunity to be trained in effective primary prevention programs. The Addiction Prevention Laboratory will have regional training centers throughout the State.

During the time that the House Special Committee was investigating the drug problem and during this last year while the Council was preparing the Master Plan, a continual concern about drug education programs was raised. During the last two years, there has been an increasing amount of literature and research that indicates that merely the presentation of facts about the dangers of drug abuse is not a deterrent for youngsters to use these substances, and this hard core data approach may, on some occasions, stimulate interest where there previously was no interest. Consequently, those of us involved in dealing with the problem of drug abuse are increasingly more concerned about the need to establish a rational set of priorities that will provide for increasing innovative program design with built in rigid evaluation programs. We are concerned about statements that have come from Washington about the future of preventive education programs in the United States. It would appear that because of the lack of success in preventing young people from using drugs, many people feel that preventive education programs must be abandoned.

While we recognize some of the underlying rationale for this, it is important to remember that without the continued resources being available to develop effective and viable programs, the problem of drug abuse amongst our young people may continue.

Let me submit the following basic principles to be considered in planning for more effective drug prevention programs. These principles have been taken from Pennsylvania's Master Plan.

1. Indirect programs are more likely to be successful than direct programs.
2. Programs that are effective and behaviorally oriented are more likely to be successful than cognatively oriented programs.
3. Programs that give extensive consideration to the development level of the target population are more likely to be successful.
4. Programs that are based on effective interpersonal relationships and that also employ efficient techniques for accomplishing these goals are more likely to be successful.
5. If all students are involved in developing, implementing, and evaluating a program, it is more likely to be successful.
6. Media carefully selected and used only in the context of a comprehensive program are more likely to be successful.
7. Evaluation of material, attitude development and consequent behavior patterns is essential to all program development and use.

We believe that programs based upon these seven principles have an increased probability of successfully preventing a young person from becoming a drug abuser. However, in order to continue in the development of these programs, it is necessary to have resources made available by the Federal government. While we recognize how important it is to provide funds for treatment, we submit that the Federal government, like the Commonwealth of Pennsylvania, must require that some funds be allocated to the development and implementation of preventive education programs.

The Drug Education Act of 1970 will shortly expire. Hopefully, this Committee will support the preparation of a new Federal Drug Education Act. However, it is important that our expectations relative to the effectiveness of this Act be kept at a reasonable level. I believe, however, that our lack of success in the past need not impinge upon our successes in the future.

STATEMENT OF HON. PATRICIA CRAWFORD, MEMBER, PENNSYLVANIA STATE HOUSE OF REPRESENTATIVES

Mrs. CRAWFORD. Thank you very much.

I want to give my personal thanks to Congressman Eshleman and Representative Sherman Hill, who is with me here, for informing me that you would be here today and giving me the opportunity to be one of the witnesses.

I am not going to refer at all to my formal testimony except for one item and, as Secretary Pittenger said, I am real glad you are approaching it from this angle because it gives me an opportunity to add a few things.

I have been involved and concerned about drug abuse, particularly among our young people, since the early or middle 1960's, that was before I ever became a member of the house of representatives in Harrisburg.

I saw it developing in my own suburban community. I come from Chester County, which is neighboring to Lancaster County, and I saw it grow very slowly and insidiously among our young people.

Our special committee on drug and alcohol abuse of the house recently held a hearing in Conestoga High School in Chester County. In fact, it was about 2 weeks ago. In addition to the testimony I present to you today I would like to refer to that hearing because several things surfaced that I thought you all would be interested in.

It mainly revolved around the educational problem of drug and alcohol abuse and the Report of the President's Commission on Drug and Alcohol Abuse, which was chaired by former Governor Shaffer of the State, did bring up the fact that education was perhaps more harmful than helpful at this point with our young people.

Secretary Pittenger referred to this, too, in Michigan, I believe he said, where they found out that the students increased the use of drugs after being taught about it.

The people who testified before our committee emphasized the behavioral educational approach rather than scare tactics or how you use drugs, the approach that we have been using. If anything can come from your testimony or the effects of the hearings you are having I hope that perhaps the Federal Government will take a look at the type of education and educational means being offered to our young people.

The rap room came up in previous witnesses today and this surfaced in our hearings, too. The fact that in each school district it would be advantageous or in each high school it would be advantageous to have a rap room where the students could feel that it was apart from the school itself where it was their own thing where they could have a sympathetic adult they could share their problems with.

These are two probably different approaches that I could bring up today. The problem of alcoholism surfaced all over the place. The kids are combining drug abuse with alcohol, and they are the same thing, although we refer to them as separate things rather than just drugs alone or alcohol alone. Here, again, it was pointed out to us alcohol was the drug of choice and is increasing among our high-school-age youngsters and even below that age.

I certailny do not think that at this point we should stop giving aid from the Federal level to the State level for education. Perhaps we have been dispersing our efforts too much.

I noticed that you said there was a separate appropriation that the administration had asked for dealing, evidently, with another area such as we have in our State and I will refer to my testimony right now.

That is, the act that we passed or became law last year, the Pennsylvania Drug and Alcohol Abuse Control Act of 1972. We do now have a Governor's council on drug and alcohol abuse. I have been very impressed with the way this council has taken over the control of the problem in Pennsylvania. I think it is a very worthwhile thing to consider, of consolidation along this line.

Now we are really able to zero in. In fact, we just had a reorganization plan that is going into effect July 1, where the funds will also be disbursed by the council rather than through the Department of Welfare.

We have found that to zero in and have a coordinated effort is not only economical but it is more effective and more efficient in the long run as far as drug and alcohol abuse is concerned.

I want to mention one more thing before I finish, and that is that the drug council has been mandated by the general assembly to come up with a master plan which was presented to the legislature last week.

Part of that master plan calls for the establishment of an addiction prevention laboratory at Penn State. It is a contract between the Commonwealth and Pennsylvania State University.

This goes into prevention, but of course we all know education plays a great part in prevention. There are two concerns that it involves itself with: the designing and evaluation of effective modalities for drug and alcohol abuse prevention; and No. 2, the provision of training for school personnel and the application of effective primary prevention modalities.

I am hopeful that this approach will certainly enable our school personnel, our school districts, our school children, and our community to have the help that they need as far as prevention of drug abuse is concerned. There is no easy answer. We all know that.

I want to commend the members of the subcommittee here today from Congress for taking time out of their busy schedules and particularly on a Saturday afternoon, to come and see what we are doing in Pennsylvania. Thank you.

Mr. Brademas. Thank you very much, Mrs. Crawford.

I might say in that letter connection, your Congressman is a very persuasive man.

I want to commend you for your testimony and, in particular, for what I perceive to be the very moderate reasoned tone which you convey. I find that refreshing and it seems to me accurate because I agree with you that we want to be careful not to arouse the people to the false expectation that some panacea for the drug abuse problem is just around the corner.

And, in particular, it would be a mistake to suggest that education alone is going to cure the problem. I would reiterate what I said earlier: I think most of us in Congress, of every point of view, feel that we need to do something about the problems of importing into this country illegal narcotics, of improved medical research, and of improved rehabilitation of narcotics addicts.

Education, therefore, is just a part of it. I was also impressed by your call for increasing the use of built-in rigid evaluation in drug abuse education programs.

It seems to me what we learned here in Pennsylvania this morning, among other matters, Mr. Eshleman, is the need for very carefully monitoring and assessing these programs so we can hopefully learn for the whole Nation, from a modest investment, what seems to be effective.

I was also struck by item No. 2 in your list of basic principles, where you indicate that "Programs that are effective and behaviorally oriented are more likely to be successful than cognitively oriented programs. That too is on all fours with what we have been picking up elsewhere.

As I listened to your statement I was reminded of a passage in a document which I quoted earlier on Federal drug abuse programs which was prepared by the Drug Abuse Council, Inc., which is a private nonprofit foundation. This document notes that:

"These expressed needs of groups involved in NDEP"—national drug education program; that is the program funded by this act—"reveal why the Office of Education cannot be expected to produce positive results overnight."

> The OE drug program is in its infant stage and must be expected to have many failures as well as successes. Neither OE nor any other public or private effort to prevent drug dependency can be expected to produce immediate answers.
>
> An effective education requires years, and in a field where, frankly, teaching and its techniques are in the incipient stages, expectations of sophisticated, assured results are premature.
>
> The Drug Education Office and the Drug Abuse Education Act of 1970 adopted, out of necessity, the "problem-solving approach" because few precedents for planning existed.
>
> Congress' mandate to OE is to replace that ignorance through careful supervision and monitoring of the experimental programs, a task for which OE must be held accountable.

The language from that particular report seems to me to be of the same kind of judgment that you have given us.

Mrs. CRAWFORD. I think that is true, Congressman. I particularly want to comment on what you just said. I think we are all groping in the dark and have been for some time because, as I mentioned, the problem surfaced around 1965–66, in that area.

We sort of just stood there looking and wondering what was going on before this, not that it wasn't a problem, but let's face it, it was confined to the ghetto regions and suburban middle class America had no direct contact with it. Now we do, and it has certainly brought home a lot of things.

I think that we have started, particularly in Pennsylvania on a good road. As I mentioned before, I think our drug acts are very good in this State and I think it might be something your committee might want to look at also as to what we have done here.

Mr. BRADEMAS. Thank you very much, Mrs. Crawford. Again I want to commend you on your testimony.

Mr. Eshleman.

Mr. Eshleman. I want to be sure I understood the part of your testimony in which you tell us you would favor guidelines coming down from th Federal Government along with drug abuse education money rather than free rein money. Did I understand you correctly?

In other words, you would prefer the Federal Government having some guidelines as to how the money would be used?

Mrs. Crawford. I would strongly favor that. Here again, I go to experience I have gained here in Pennsylvania, and working in particular with the Governor's Council and the executive director.

He tells me that for a program to be the most effective that there has to be—we don't want to dampen innovative programs and I think there could be a way around that—but we certainly don't want to just say, "Here, take this money and do whatever you want with it whether it is going to work or not."

I think we are coming to the point now where we have had experience to fall back on. And, for instance, the survey that Secretary Pittenger brought forth today which surfaced in our hearings at Sonestoga about the effectiveness of certain educational programs, if they are not effective, if they are more harmful than they are helpful then certainly the Government should not foster more of the same type of program.

I guess that is what I am saying.

Mr. Eshleman. Secondly, and I don't want to put you on the spot as I realize so well one legislator can't speak for 203, but will the General Assembly do more financially for drug abuse education this next fiscal year than they have done in the past?

Mrs. Crawford. I am glad you asked me that question. I came prepared to let you know what we are going to do next year.

We have increased the budget. As you know, we have a divided House and Senate politically. This has been a bipartisan issue all the way. There has been no conflict of interest—that is a bad word to say, but there has been no division of interest in this field. Politics has been pretty well out of it.

We have increased our appropriations this year from an overall figure of about $8 million to about $13 million. I think this shows confidence in what our executive director and our Council is doing in this field.

Mr. Eshleman. That is a 60-percent increase. I would hope the Federal Government would do as well.

Mr. Brademas. What was that figure again?

Mrs. Crawford. We went from $8 million last yearto $13,120,000 this year.

Mr. Brademas. For?

Mrs. Crawford. For the drug and alcohol abuse program.

Mr. Brademas. That is very impressive. I am glad to see one state in which the State's responsibilities, as well as State's rights, are being taken seriously.

Mr. Eshleman. I have no more questions.

Mr. Brademas. Mr. Lehman.

Mr. Lehman. I will pass.

Mr. Brademas. I would just ask. Mrs. Crawford, I take it from your testimony that you support the extension of the Drug Abuse Education Act?

Mrs. CRAWFORD. Yes. I do. with the modifications I think I brought out during the testimony.

Mr. BRADEMAS. I just want to ask you one other question. What would your attitude be toward giving the money to the State education department for distribution--as distinguished from the present pattern, where the money can go directly to local school district.

Mrs. CRAWFORD. I have a feeling there of whether it should go strictly to the department of education or whether it should be shared between the department of education and our Governor's Council on Drug and Alcohol Abuse because we also have the prevention program that I mentioned.

It would be helpful to have additional help. I know what you have been doing in the past. zeroing in on the school district. We in Pennsylvania do have—and this was mentioned before—a peculiar system in that the districts are pretty autonomous. I would not like to see too much control going from the department to the district in this matter, although there should be some, as I mentioned, guidelines.

Mr. BRADEMAS. Again, thank you very much, Mrs. Crawford, for a most helpful statement. I appreciate it. Our next witness is Mr. Lawrence M. Large, assistant principal of the Manheim Township Middle School.

Mr. Large, we are glad to have you with us. Again, if you can, summarize your statement. It will be placed in its entirety in the record, and we will have more time for questions.

STATEMENT OF LAWRENCE M. LARGE, ASSISTANT PRINCIPAL, MANHEIM TOWNSHIP MIDDLE SCHOOL

Mr. LARGE. Thank you, Mr. Chairman.

As the only representative here actually speaking for Lancaster County I would like to take this opportunity to welcome the committee and tell you that I am going to attempt to represent 16 school districts in my testimony. This is a very difficult thing to do. I am sure you can appreciate that. The remarks I make will therefore be of a general nature.

I would like to read the testimony that I have submitted, with one correction. I think the date on the testimony is 1970 and it should be 1973. It was a typographical error.

Addressing ourselves to the agonizingly complex problem of drug abuse prevention is of the greatest importance to all of us in education, and to the community at large. Everyone is affected, and none of us can escape his responsibility; but nowhere perhaps is the responsibility quite so heavy as it is upon the schools. It is to the school that a society looks when a problem arises that threatens that society's future.

Today, with drug abuse pandemic in our community, we must face the difficult task of reappraisal and ask whether the schools have succeeded in their efforts to prevent drug abuse through their educational programs.

Most of us—educators, law enforcement personnel, social service personnel, and laymen—are inclined to answer no to that question.

We know that drugs can be leaked through its students to every high school in Lancaster and Lebanon Counties. This sorry state includes most middle and junior high schools where the problem is especially critical because of the age factor.

Their youth, inexperience, impressionability, and ignorance of the potential harm of drugs makes these children particularly vulnerable to the drug culture.

They are faced at a tender age with initial yet critical decisions about drugs without the maturity to make decisions of such magnitude on a sound, rational basis. Despite the potentially disastrous consequences these youngsters persist in experimenting, and the substances run the gamut from marihuana to much more dangerous and powerful drugs.

Recently a high school senior, disturbed by the drug activity in his district's middle school, was quoted in his school newspaper as saying, "They're only to lose themselves before they are able to find themselves. They don't know what they are doing."

Daniel McAuliffe of the Justice Department's Office of National Narcotics Intelligence told the annual convention of the National Association of Citizen Crime Commissions last year that there are an estimated 600,000 heroin addicts in the country today compared to 50,000 10 years ago.

Earlier this year Dr. Catherine Hess, a drug abuse specialist for the Pennsylvania Department of Health, addressing a clinic for physicians sponsored by the Pennsylvania Medical Society stated that there are 60,000 heroin addicts in the Commonwealth, and over 300,000 abusers of softer drugs, such as amphetamines and barbiturates.

Add to this a study done by Dr. George S. Larimer of the Larimer Co., in Portland, Oreg. for the Pennsylvania Department of Health, the results of which show, in part, that 10 percent of seventh and eighth graders surveyed indicated they had already used heroin, and Pennsylvania's problem becomes more immediate.

In 10 short years Pennsylvania has surpassed the former national total of heroin addicts by 10,000, and more young people continue to turn on the both hard and soft drugs every day. Lancaster County, unfortunately, has contributed its share to these figures.

In spite of our unusual people, the local drug problem continues to grow. And despite these excellent characteristics intelligent, resourceful Lancaster Countians have not yet found the key to drug abuse prevention.

We would certainly encourage you, Mr. Chairman, and the other members of your committee to support H.R. 4715 to extend the Drug Abuse Education Act of 1970 for 3 additional years.

We have not come to this unhappy state of affairs just since 1970, yet it was not until that time that most schools seriously began to offer programs geared to drug abuse prevention. In those early years there was very little real expertise at any level and we groped for a viable solution.

Now new ideas, new thoughts, innovative programs are beginning to appear as creative people apply their talents to seeking solutions to the prevention problem. It will take time, and additional funding.

The sums proposed by the sponsors of H.R. 4715 are most generous but the quality of programs by which we spend the money is as important as the quantity of money made available.

People intimately involved in drug abuse prevention and rehabilitation in Lancaster County have been aware of something that we in education, belatedly having turned our full attention to the problem, are just beginning to understand.

That is, that our precious courses of study in the field of drug abuse education are somewhat ineffective at best, and disastrously ineffective at worst.

A static, rigid curriculum approaching drug abuse on a cognitive level only, completely ignoring the fact that youngsters turn on based on what they feel, not what they know is not going to prevent experimentation.

In fact, there is evidence to the contrary. There is a strong body of opinion that some youngsters experiment because of the stimulation of their curiosity by their school drug programs.

Those people in the community agencies involved in drug abuse prevention and rehabilitation are of a single accord that a cognitive approach to drug education is not the answer to the prevention of drug abuse.

People in such agencies as Mental Health/Mental Retardation, Council on Alcoholism and Drug Abuse, Lancaster County Guidance Clinic, Addictive Diseases Clinic of the General Hospital and our local Contact are concerned with drug abuse as a problem of total mental and emotional health.

Psychiatrists and psychologists generally acknowledge that we live in an age of anxiety earmarked by construction which reduces the individual's ability to give and take and to get to know himself and others.

Special training is seriously needed for teachers and parents to turn the focus away from chemicals and onto people. The schools and homes must become more humane in the sense that every child can grow in self-esteem and see himself as a valued person.

Children can be turned on by interpersonal relationships, a pleasant environment, and satisfying experiences, as well as chemical substances.

What a child needs to grow into an independent adult capable of functioning in our modern society is a more or less continuous sequence of small successes, and occasional failures at each of his developmental levels.

This requires careful "programing" by those adults responsible for his development, and a high degree of two-way communication between adult and child.

The adult's role is one of conditioning for success, and teaching how to profit from the experience of failure. A child must grow and live and learn in an environment where he knows he can succeed and that someone cares whether or not be does, and will accept and support him in either success or failure.

Failure without adult acceptance creates and reinforces a failure syndrome. If adult demands exceed the point where the child can succeed in a planned sequence of tasks, he begins to condition the child to failure instead of success.

This can ultimately lead to withdrawal as a participating member of a social system in which the child sees himself as a failure. Non-involvement, drug abuse, excesses in alcoholic consumption, and sexual promiscuity can all be symptoms of this withdrawal.

Adults must have an open and accepting attitude when communicating with young people. It is important that the young be able to openly express themselves, to tell what they think and feel, to know that their opinions, while not always accepted, are at least respected.

Adults need not, and often will not, like the opinions and ideas of the young, but they must be able to deal with them on a mature level and continue to accept the child.

Respect for each individual member is one of the hallmarks of a strong family or classroom unit. Development of mutual respect and closeness in the family or the classroom can be expedited by developing understanding and a willingness to listen on the part of parents and teachers, but the necessary skills and attitudes cannot be found in all adults.

While this will not guarantee that a child will never abuse drugs, alcohol, his sexuality, or his unique personality, it should decrease the incidence of young people who are emotionally or psychologically vulnerable.

The vast majority of adults, however, need some special training in dealing with young people in a consistently constructive, supportive manner. This is the basic ingredient to a long-range solution to the drug problem.

Any education program that hopes to succeed in preventing drug abuse must treat it as just one symptom of the greater problem of frustration arising from the child's inability to communicate, to relate, to identify, to see himself as a valued member of a social group or to understand himself.

For these reasons, Mr. Chairman, we would urge support of H.R. 4715 so that funds will continue to be available to train people in parenting skills; to sensitize teachers, counselors, and school administrators to the need for a really humanistic approach to children, and to provide them with training in techniques and skills for accomplishing this; to provide community education programs that will improve the quality of life for all people.

Whether we refer to such programs as value clarification, self-awareness, a rational basis for decisionmaking, or humanizing adult/child relationships is not the issue. They will all ultimately lead in the same direction; that of allowing a child to truly understand and accept himself and relate himself intelligently to the problems of drug abuse.

Such programs are not new, but are largely unknown in education, and a great deal more is done in training teachers, both undergraduate and in-service, too many educators will continue to make the same mistakes and hold the old beliefs that subject matter rather than human relations is what really counts.

In closing, Mr. Chairman, may I acknowledge the sincere, conscientious efforts of thousands of capable, dedicated teachers in Lancaster and Lebanon Counties who are gravely concerned about drug abuse among their young pupils, and who anxiously await a breakthrough which will give them an effective means of preventing such abuse.

Mr. BRADEMAS. Thank you very much for a most thoughtful statement.

I was struck by your observation that reliance on the cognitive approach to drug abuse education is not sufficient, and you called, like some of the earlier witnesses, for greater attention to the affective side of education. Therefore, you suggest that the legislation under consideration should provide support for the training of people in parenting skills and training of teachers, counselors, and school administrators, in a more humanistic way.

I guess any legislator is always struck when he hears people in a wide variety of places, from a wide variety of backgrounds coming to the same general conclusion. I have just one question to put to you, Mr. Large, and it has to do with your judgment on the most effective way to administer Federal funds available for drug abuse education.

You heard me ask Mrs. Crawford about her feeling about providing such funds to the State department of education. Her response, if I understood her right, was that she thought there was something to be said for the Governor's Council on Drug Prevention. There are other alternatives, of course, beyond that, such as providing funds directly from OE to communities or the grantee.

Have you any judgment on what is the best way, or any combination thereof, or some other alternative?

Mr. **Large**. I believe, sir. I would favor getting the funds in the hands of the people who are going to use them through both of those avenues, perhaps through the Department of Education because one of the things I think must come eventually is some teacher effectiveness training.

Perhaps this could best be administered through the Department of Education and going to the State colleges or any teacher training institutions. Perhaps as a part of a beginning teachers permanent certification requirement this kind of effectiveness training in working with youngsters could be made mandatory.

That would mean the funds would have to come through the Department of Education, but I also can see great value in bringing those funds into the local communities through whatever agencies are going to be responsible to the Governor's Council on Alcoholism and Drug Abuse. In Lancaster it is MH/MR.

Mr. **Brademas**. What is MH/MR?

Mr. **Large**. Mental health/mental retardation. I can see it working both ways very effectively.

Mr. **Brademas**. Thank you very much.

Mr. Eshleman.

Mr. **Eshleman**. Mr. Large, if my information is correct, no Lancaster County school district uses funds from the Drug Abuse Education Act. I realize you get Federal funds. I think the principal source is LEAA.

Why don't any of the Lancaster County school districts use funds available under this act?

Mr. **Large**. Congressman, that is a question I am afraid I can't answer. I think the only people who could answer that would be local superintendents and school directors.

Mr. **Eshleman**. If it is answerable by local superintendents, I think some would use it and some wouldn't use it, it seems to me. I don't want to say a concentrated effort. I can't understand why school districts in my own county don't use funds out of this act.

Mr. **Large**. The only Federal funds I know coming into the Lancaster school district are those funds from the Federal Safe Streets

Act used to implement a program called drug decision in the middle and junior high schools. Those are the only Federal funds I know.

Mr. Brademas. If Mr. Eshleman will yield.

Mr. Eshleman. Yes.

Mr. Brademas. As I understand the thrust of the question of the gentleman from Pennsylvania, it is not whether funds are coming in, but whether any of the 16 schools in this county have asked for them.

Mr. Large. I honestly can't answer that for the other school districts.

Mr. Eshleman. Will Dr. Reuss tell me this or do I have to ask 16 different school districts to find out?

Mr. Large. I think Dr. Ruess could answer that question as the intermediate director.

Mr. Eshleman. Certainly the 16 school districts in Lancaster County don't have sufficient funds for drug abuse education, do they?

Mr. Large. No, they do not.

Mr. Eshleman. Then once again, I can't understand why they don't use it.

I won't go through the whole pitch I did with the Lebanon County gentlemen, but what are your comments on that one out of five high school seniors that feel the drug problem is serious, or they are seriously aware, without saying they used it. Do you think that is high? Do you think that is accurate?

Mr. Large. I think if one out of five said they are concerned about drugs then it would concern me more that four out of five said they weren't concerned about the drug problem. Drug abuse in Lancaster County is like the poverbial iceberg; you see a little bit of it above the surface, but there is an awful lot more below the surface that we can't get at and that we are never going to find out about because youngsters don't walk in to us and tell us that they are using drugs.

The best estimates that we can get are that there is a drug problem. The superintendents of the 16 school districts generally tend to feel that the problem is a moderate problem. What constitutes a moderate problem, I don't know. This is the word they used to characterize the problem in their school district.

Mr. Eshleman. I am in no way harassing you. You just said the schools can't get at it. What if the homes can't get at it? Who is going to get at it; the part of that iceberg that doesn't show? If the schools can't get at it, who is going to get at it?

Mr. Large. When I say the schools can't get at it, Congressman, what I am referring to is the information about how many youngsters are actually abusing drugs. We know that they are.

Mr. Eshleman. I am not as interested in the exact statistics. It is the submerged part of the iceberg we should be concerned about.

Mr. Brademas. Mr. Lehman.

Mr. Lehman. I am also interested in the submerged part of the iceberg. The submerged part of the iceberg I am interested in is those funds that seem to be invisible.

So far I have found $2,700 worth of these funds that have come to a school district and I wonder where the rest of it is. As you say in the third paragraph on page 5 of your statement, "For these reasons, Mr. Chairman, we would urge support of H.R. 4715 so that funds will continue to be available." They might be available but they certainly are invisible.

What really concerns me is where is the log jam? What is preventing your school from getting a program, or your district from getting a program, or your State from getting a program funded by this money when you can get LEAA money but you can't drug abuse education money? That is the question that keeps coming up in my mind.

Mr. Large. Partly, I guess, it is a matter of where we put our priorities in the public schools.

Mr. Lehman. I think what we need is an educational program to educate drug abuse educators to apply for drug abuse education funds.

Mr. Large. No public school official likes to admit to his community that he has a serious drug abuse problem in the school, obviously. I think most educators tend to underestimate the scope of the problem and, in doing this, they say when we are looking for programs we will look in this area and they don't consider drug abuse as a really critical problem, therefore, they don't apply for the funds, unfortunately.

Mr. Brademas. Thank you very much for your testimony. It has been very helpful indeed.

Mr. Large Thank you, sir.

Mr. Brademas. Our next witness is Mr. Carleton W. Jones, health and physical education adviser of the Pennsylvania Department of Education.

[Mr. Jones' prepared statement follows:]

STATEMENT OF CARLETON W. JONES, SENIOR PROGRAM ADVISER FOR HEALTH AND PHYSICAL EDUCATION, PENNSYLVANIA DEPARTMENT OF EDUCATION

Congressman Brademas, Congressman Eshelman. It is truly an honor for me to be here today to report on the activities that we are doing in the area of drug abuse prevention education.

The Pennsylvania Department of Education is sincerely dedicated to helping eliminate the drug problem in Pennsylvania through drug abuse prevention education.

What we have done over the last three years was to provide training of leadership teams from school districts, colleges and universities consisting of representatives from the school—community—home—student population who have studied the medical, legal and psychosocial aspects of drug abuse as well as training in group methods and human relations with the ultimate goal of returning to their schools and communities to institute and implement effective education programs.

These leadership teams have been receiving training at three universities in Pennsylvania that are geographically located to serve most school districts. These centers are located at:

1. The University of Pittsburgh for school districts in the western part of the state.
2. The Pennsylvania State University located in central Pennsylvania.
3. Temple University of Philadelphia for the east and southeastern part of the state.

These training centers have conducted from three to five leadership training sessions, ranging from 15 to 30 contact hours for each team from the school districts in their service area, over the last three years.

These sessions have been set up in a radical fashion with at least one complete training session conducted on the main campus and the off-campus centers radiating and encompassing an area of approximately 50 miles. This radical effect will enhance the service area of many school districts.

So far all of the training programs conducted have emphasized the concept of school-community involvement and cooperation and they have encompassed specific sessions dealing with (1) Definitions of drug use, misuse and abuse, (2) Psychosocial issues, (3) Pharmacology, (4) Role of Education, (5) Legal aspects, (6) Review of audio-visuals materials, (7) Experience in group processes, (8) Current research in drugs, (9) Cultural influence and determinants, (10) Exercises in communications, and (11) Analysis of existing drug education programs. All school districts leadership teams that attend these sessions were and are required to furnish evidence that community and youth participation has been secured.

In September of 1970 a letter announcing that a series of statewide Drug Abuse Leadership Training Workshops were to be administered by the Department of Education were sent to all chief school administrators asking them to establish teams of educators, students and community personnel to represent their school districts at these training sessions.

As I view the problem of drug abuse prevention education, I think that our activities should be directed more toward "Value-Teaching," by employing various techniques, teachers in all subject areas and grade levels should develop cognitive materials and blend these with the affective domain (values, attitudes, responsibility and decision-making) in order to personalize the experience for students. The assumption of the strategy is that by enhancing the mental health of young people they will be less likely at some later stage in their development to choose drug or alcohol abuse as a life style.

I sincerely hope that the Congress of the United States will see the need to extend the Drug Abuse Education Act of 1970 for three additional years. With additional funds, we in Pennsylvania can do a more effective job in evaluating what has been done in our training programs and how we can modify our programs to make them more effective. We want to know what our people are doing after they return to their schools and communities. Without proper funding we are limited in what we can accomplish. Once again I wish to strongly urge that members of congress use the means at their disposal to insure that each state department of Education has a fair and equitable proportion of Federal funds for drug education.

STATEMENT OF CARLETON W. JONES, SENIOR PROGRAM ADVISER FOR HEALTH AND PHYSICAL EDUCATION, PENNSYLVANIA DEPARTMENT OF EDUCATION

Mr. Jones. Congressman Brademas, and members of the committee, I would like to briefly summarize my remarks that I submitted.

I would like to say that the Pennsylvania Department of Education has been involved in a drug program since 1970, and during this period of time we have established three drug abuse leadership training centers which are located at the University of Pittsburgh, Pennsylvania State University, and Temple University.

The purpose of these centers is to train personnel from schools. When I say personnel I mean teachers, administrators, community people, and students. In this training they receive things like pharmacology, use, knowledge about drug abuse and drug-use, legal terminology, and so on.

The purpose of these teams is to return to the school districts and to work in what we would call a Multiplier Effect to help educate other people in their school districts.

I would also like to say that in Pennsylvania we have created a drug addiction laboratory which will become effective as of the first of July this year. Also, we have established a unit which we call Drug and Alcohol Prevention Planning Unit, which will work at all the school districts in the State, work with our centers, work with the drug addiction laboratories.

In other words, they will be liaison agents for the State agencies dealing in drug prevention and alcohol prevention education.

Mr. Brademas. Thank you very much, Mr. Jones.

What kinds of people participate in these training programs to which you make reference? Who are the students in the training programs?

Mr. Jones. In the training program the teams are composed of administrators, teachers, and students. That is one of the stipulations under the act, I believe 91527, that teams must be composed of students.

Mr. Brademas. I was struck also by your statement that we need more emphasis on value teaching so that there is a blend for both affective and cognitive approaches to teaching.

And I think your sentence at the bottom of page 2, in effect, sums up a lot of what has been said on this point, namely, to quote you: "The assumption of the strategy is that by enhancing the mental health of the young people they will be less likely at some later stage in their development to choose drug or alcohol abuse as a lifestyle."

I guess what you are saying there is really what it is all about when people make this point.

Just one question, Mr. Jones. Even though you have a statewide responsibility, what are the principal differences, if any, that you perceive in mounting drug abuse education programs for major metropolitan areas like Philadelphia or Pittsburgh as distinguished from small communities like those here in Lancaster County, for example?

Mr. Jones. I think in smaller communities people are afraid to admit they have drug problems. Going back to a statement I made earlier this morning when I was speaking with Mr. Pittenger about minigrants, I think that all minigrants should be controlled by a State or State agency, particularly in Pennsylvania since education will fall under the new Governor's Council on Drug Abuse as of the first of the year.

They will be responsible for all drug programs.

Mr. Brademas. What is the role of the state department of education on that Council?

Mr. Jones. Only input. I am not on that council.

Mr. Brademas. I don't mean yours. What is the role of education in the Governor's council?

Mr. Jones. We are the lead agency for prevention programs in education.

Mr. Brademas. What is that phrase?

Mr. Jones. That means that programs dealing with drug prevention education will come out of education. Education will be responsible for implementing these programs and we will be under the Governor's council.

Mr. Brademas. Let me put my question very bluntly. How can you, who have responsibility for education, be certain that education will have enough support from the Governor's council? Is the secretary of education a member of that council? How can you be sure your voice is heard?

Mr. Jones. If I am not mistaken, under Act 63, which created the Governor's Council for Drug Abuse, all secretaries of all major departments are part of that organization. The Secretary of Education, the Secretary of Health, the Secretary of Welfare are part of that agency. They have input.

I would also like to say that on minigrant programs all programs should come to the State. In the minigrant program there should be some provision built in for evaluation. To go back to a statement I made earlier this morning, we don't hear from these units because there is no evaluation measure put in and they are not responsible to anyone.

I think people who receive minigrants should be responsible to someone. For instance, under the State plan, the State coordinator was responsible to the OE office for quarterly reports.

There should be some way of measuring, some instruments of evaluation. Until we have some instruments of evaluation or reporting we will never know what is going on.

Mr. BRADEMAS. Would you disagree with the proposition—I am now just trying to take off from your suggestion—that at least one argument for putting minigrants under the supervision of a State department of education is that the department could then see to it that there was some overall coordinated program established for those minigrants, and that therefore more thoughtful evaluation could be made if you had a variety of kinds of programs supported by the different minigrants?

Is that a reasonable observation in support of your suggestion?

Mr. JONES. As the minigrants stand now I don't think they are too valid. All the money—the average is $2,200 or $2,300—goes for traveling, not for implementing programs. I think people who apply for minigrants should write a proposal for their minigrant, state what they want to do and be held accountable for what they do for the amount of money they are going to spend.

Mr. BRADEMAS. Thank you very much.

Mr. Eshleman.

Mr. ESHLEMAN. Mr. Jones, you probably don't have this information, but I would be interested in receiving it if you would send it to me. I contacted the Office of Education prior to these hearings, the U.S. Office of Education.

I was told that in year 1972 Pennsylvania received $363,000 under this act. Then I received material prepared by the Pennsylvania Department of Education that tells me for the same fiscal year, you received $139,000.

I am not saying who is wrong or who is right. I don't know, but I would like to know. My legislative aide is sitting here and I want to follow this up definitely. I want to know how much Pennsylvania received. There are two discrepancies that are wide apart.

Do you have a figure?

Mr. JONES. I think I can do this before I leave. For the State department of education we received——

Mr. ESHLEMAN. Just under this act.

Mr. JONES. Under this act during 1972–73 the State department of education received eight $1,200's. The only college-based program we had was Carlisle College, Dixon College at Carlisle. They received $16,000.

The other 16 minigrants total approximately $46,000. I have the list of the people who received the minigrants. I know what we received. I know what Dickinson received. I don't know who got the rest of it.

Mr. ESHLEMAN. We want to follow that up definitely.

In conjunction with that, my home county school district, 16 of them, none of them used drug abuse education money. That was testified to earlier. Here in Pennsylvania the total appropriation last year for this act nationwide was $13 million. So, taking 6 percent of that roughly is $800,000. We are not getting near that amount.

What I want to know is this: Is our Pennsylvania Department of Education not requesting it, or is it the U.S. Office of Education who is not giving us our fair share? That is what I want to get to the bottom of. I don't necessarily expect you, at this hearing, but I expect you within the next week.

Mr. JONES. When this program just started Pennsylvania asked for $146,000. The Federal Government in Washington cut it down to $140,000. We wanted more money. We always ask for more money because when you divide $82,000 among three universities to pay for staff and for people to travel, it is rough.

The biggest grant went to the University of Pittsburgh, $30,000. Temple University received $26,000. Penn State received approximately $24,000. This is where $81,200 comes from.

Out of the money each university receives they do approximately three or four workshops.

Mr. ESHLEMAN. Let me interrupt you. You say you asked for $146,000 and you got $140,000 the first time. That is not much of a cut. But, Pennsylvania's proportionate share would have been $800,000.

I don't want to waste money any more than you do, but why didn't Pennsylvania Department of Education request seven or $800,000? Can't you use it? Didn't you formulate the program?

Mr. JONES. We could. What happened this year when I wrote the proposal, we asked each center that we were going to contract with to write their proposals to estimate how much they were going to need.

For instance, Temple University asked for $40,000, but we were told that we were going to be funded as we were last year. Last year we got $82,000. When I inquired to say could we get any more they said, "No, you will be lucky if you get what you applied for this year."

Mr. ESHLEMAN. Who told you that?

Mr. JONES. The OE office.

Mr. ESHLEMAN. Are you limiting your scope to Temple, Penn State and Pitt? It seems to me if we want to blanket this education problem in Pennsylvania that we could branch out. There is nothing wrong with those three institutions, but it seems to me from your testimony, you are limiting your scope to only those three institutions.

Mr. JONES. When we originally started, Congressman, we had six centers: Lock Haven, East Stroudsburg and another one of the State colleges. But, their plans didn't prove effective. They dropped out. They couldn't do the job so we went to the three we knew were effective and we have been staying with those.

With the new drug addiction laboratory coming in they will pick up our three centers and Penn State will establish centers on their off-campus. We will blanket the State completely. We will cover every corner of the State on the off-campuses, utilizing the other center at Penn State and Temple University. They will all be drawn into one big hat.

Mr. ESHLEMAN. I have no more questions.

Mr. BRADEMAS. Mr. Lehman.

Mr. LEHMAN. I have no questions.

Mr. **Brademas.** Thank you very much, Mr. Jones. You have been most helpful in your testimony. Our last witness is Mr. Kenneth M. Rozelsky, principal of the Coatesville Area High School.

[Mr. Rozelsky's prepared statement follows:]

STATEMENT OF KENNETH M. ROZELSKY, PRINCIPAL, COATESVILLE AREA SENIOR HIGH SCHOOL, COATESVILLE, PA.

Mr. Chairman, members of the subcommittee: My name is Kenneth M. Rozelsky, Principal of the Coatesville Area Senior High School, Coatesville, Pennsylvania, and I am here today as a representative of its staff. The school of which I am proud to serve as principal is located midway between Philadelphia and Lancaster. In my school and our community, I deal on a day-to-day basis and in a person-to-person relationship with the problems arising from drug use and abuse.

Prior to my testifying today, I have had an opportunity to review past testimony presented to the subcommittee the past two years. Informal discussion with students, teachers, counselors, parents, news media, community leaders, principals, assistant principals, curriculum specialists, clergymen, addicts, and ex-addicts were used in the preparation of this testimony.

The problems arising from drug use and abuse is one of the major concerns in our school and community. The frustration of so many people—with drug education programs (prevention), drug use and abuse (users) and implementation of our drug laws (enforcement) have brought about a "sorry state of mind" in our community. That state of mind is shown in some of the following ways:

1. I don't give a damn attitude on the part of some students, parents, community people and educators, as long as it is not my kid.
2. It's the school's fault (they condone it).
3. It's the parent's fault (they don't care about their kids because they are too busy working two jobs, drinking, using too many pills themselves and won't listen to the kids.
4. The drug education programs used by the schools are worthless, say some students and parents (ex-addicts turn some kids on, kids laugh at some of the scare films, we need the Bible and more religion instead of scientific data on drugs, we need more scare films, don't take kids to see these half-way houses, etc.); law enforcement agents who cannot make a buy (or their undercover men) or only get the small guy.
5. Students who are scared (refuse to "dime" on their sources) because they will be roughed up or rubbed out.
6. Parents who refuse to seek assistance when they recognize or simply cannot recognize the symptoms.
7. *Some* educators who say, "that's not my job, I teach or I administer".
8. Clergymen who say come to church once a week and you won't have the problem.
9. *Some* communities who refuse to develop community education projects because: we can't afford it, they are hangouts for addicts or simply ignore it.
10. Kids and parents can buy anything in some drugstores and some doctors prescribe pills for almost anything.
11. At the hospitals they don't care—pump you out and back home.
12. The judges see you, put you on probation.
13. There are not enough penal institutions and the ones they have are bad (too lenient, no educational programs, etc.).

These are some of the frustations! ! ! ! Frustations! ! ! ! Frustations ! ! ! ! Frustations ! ! ! ! that we deal with day in and day out in our schools and community.

I believe that if each group and individual within the group accepted some of these responsibilities and constructive criticism offered, many of our present programs (and lack of) and practices could be more effective. A few examples:

1. An evaluation of our present programs in the schools—K–12 in Drug Education by a team of teachers, administrators, parents, community representatives, students who have gone through the program, medical people and drug education specialists,
2. Concerned community leaders who will seek out and generate programs to improve and maintain communications,
3. Administrators who are deeply concerned with keeping open the communications in their schools for students, parents, and teachers,

4. Teachers who are interested in the *total student* and not just what he does in science,

5. Parents who are willing to spend time engaged in family activities in lieu of alcohol, TV, making more money, etc.

6. Clergymen who are willing to expand and initiate programs for their constituents,

7. Law enforcement agencies that develop sophisticated techniques to crack down on users and especially pushers,

8. Students accepting and realizing the responsibilities that they have to themselves, parents, school, community, and this great country of ours (with all its imperfections).

We, as individuals must take an "objective look at ourselves" and become concerned for our brother, sister, neighbor, etc. if we are to overcome this problem of drug use and abuse.

Our Drug Abuse Curriculum Committee, which began its work in our school system in January of 1970, was made up of seven teachers, one principal and one central office person. We used the basic *Guidelines for School Health Program in Pennsylvania* developed by the Pennsylvania Department of Education as a guideline and a starting point for our curriculum. Drug Education is incorporated in our science program for grades four, five, six, seven, nine, eleven, and twelve, and a nine-week unit in grades eight and ten as part of our health program. An Individualized Learning System pack was prepared for use in the lower grades. Bi-monthly meetings and a three week summer session for the development of materials was the major input in the development of the program. A one-day in-service meeting for the school district's professional personnel (approximately 420) was spent in Drug Education (staff reaction was generally negative toward the day). Films, pamphlets, texts, records, leaflets, visits of druggists, medical doctors, police officers, B.E.S. personnel, ex-addicts, and discussions are the major thrust of the program. Suggestions for community involvement with parents and civic programs are part of the program (generally unsuccessful). As you can readily see, our program has many gaps. Student participation, community involvement, seminars, workshops/in-service training, teachers, counselors, administrators, parents, law enforcement officials, public service and community leaders are just a few missing ingredients. The need for direction and assistance from Department of Education Specialists is needed. The TEAM APPROACH is a MUST!!!!

Approximately 99% of the funds that we have spent in our school district on a Drug Education Program (total amount spent beginning July, 1970—$1,400; 1971-72—$500; 1972-73—$300) were local funds. We have not applied for PL 91-527 funds primarily because of few if any planned to write a project, lack of expertise, a desire to have our own staff development program, and an unawareness of funds. This is in no way a criticism of the Act and/or the personnel responsible for its implementation.

We, as most school districts across the nation, are facing severe cut-backs in our school budgets and it is at this crucial time that we will be seeking funds to eliminate drug uses and abuses. PL 91-527 is desperately needed to assist the local schools and community with "public enemy number one". We are looking forward to: What is needed in our school district is someone to coordinate all activity in a drug abuse prevention program. A member of our central administrative staff has attempted to fill this role, but this has been a matter of an already busy person being given one more additional assignment. To have an effective program, one person has to work at the job on a full-time basis. I feel it is that important.

Principals and Central Administration meet periodically with local police officials to exchange information on drug traffic.

During the past school year a State Police undercover agent was stationed in my school for a month. During that time he made one purchase of marijuana. I feel he may have discovered more drug traffic had the students not been suspicious of him.

Last spring an extensive drug raid was made at a high school close to ours. Following this raid, any new student who entered our school was seen by the students as being a "Narc". The undercover agent entered our school during this period.

The district attorney in our county (Chester) has met with School Board members and administrators to discuss the drug problem. He felt that school districts who have permitted students to have smoking areas in schools have made a grievous error, as this practice encourages the smoking of marijuana in schools.

He also feels that students should know that school officials and the police are working together to ferret out drug violators in the schools.

I mentioned earlier that one of the problems is a reluctance on the part of students to "dime" or reveal information. We have a policy in our district that any student who is arrested for possession and/or use of drugs on school property must appear before a committee of the School Board. We have had students say to the board members, "I'm sorry, I would like to cooperate, but if I say anything that is traced to me, I'm in big trouble." This is not a "put-on." These kids are really frightened!

One of the insidious practices of the high school drug pusher is to offer free drugs to a novice. In the drug cases we have uncovered, money is not very frequently involved. The pusher, with an eye toward later sales, use a "Try it, you'll like it" approach.

This year we had a senior girl who, near the end of the school year, became so spaced out it was necessary to hospitalize her. She had accepted and ingested a powdery substance from a boy she barely knew.

As I am sure you are aware and can see from my testimony, drug use and abuse is a very serious problem and there is no easy way out of this dilemma. We feel that it is absolutely necessary that PL 91–527 be continued and additional funds by alloted. I personally feel that new programs, additional research and continual dialogue are the major ways in which we are going to overcome this problem. There is no easy way out, but we must continue to work for answers.

Thank you.

STATEMENT OF KENNETH M. ROZELSKY, PRINCIPAL, COATESVILLE AREA HIGH SCHOOL

Mr. Rozelsky. Mr. Chairman, Congressman Eshleman, and Congressman Lehman, I think you have a copy of my testimony. I would like to refrain from using it as much as possible and tell you a little bit about the community and the school district that I represent.

We are located midway between Philadelphia and Lancaster. We are an urban/suburban and rural community. We have approximately 25 percent minority group students in our school district. Those minority group students are all black.

I would like to further comment that we appreciate participating in your survey, Congressman Eshleman. I know of your student questionnaires at our school. I think our community and school district is pleased and proud to have a representative testify here today.

I would like to just make a couple of comments about our drug abuse curriculum committee and also tell you—unfortunately Mr. Jones has left—I wanted to make some comments about some of the difficulties in dealing with the Department of Education.

Prior to my being invited to participate here our school district's knowledge of Public Law 91–527 was probably zero. We knew really very little of it. You can say, "Mr. Rozelsky, that is probably your fault and other personnel in the school district." Possibly so.

We have had very little direction in terms of drug education in our school district. A committee made up of seven teachers, one principal and a central office person, began working together and we used basic guidelines for school health programs in Pennsylvania, and we developed materials and incorporated those materials in our science programs beginning in the fourth grade carrying through.

We had a separate program in grade eight, nine, and ten, a 9-week unit as part of our our health program. We used the standard kinds of things, the films, pamphlets, texts, records, leaflets, visits of the druggists, the medical doctors, the police officers, some exaddicts, et cetera.

This program was funded entirely by the local school district. As an example, in our school district in the fiscal year 1970–71, our district spent $1,400 on drug education. In 1971–72, $500. In 1972–73, $300.

We have not applied for any of the 91527 funds, primarily because none of us were really aware of how to go about applying for it. It is probably some lack of expertise on our part and also part of it was a desire to sort of do our own with our own teachers, counselors, and our own principals.

This is in no way a criticism of the act and the personnel responsible for its implementation, although maybe I should put an asterisk on the last part. I think it is important that some of this data come to us just as when I received the statement of the hearings that have taken place by this subcommittee over the past 2 years I looked at Pennsylvania and I saw that there were 16 grants given to Pennsylvania that went to a Chester County school district which, by the way, is the smallest school district in our county.

I am pleased to see that we have one. I am a little curious as to how did they have the expertise. Where did they get the leadership to get this? I am very concerned about it. I support the extension of the act. I support it because I think our district now has a little more knowledge and we are going to be seeking some assistance. We need help to write the programs.

And, having met Mr. Jones here today and some of the other people, maybe we can get some help. I am not sure from our past experiences with grants and direct application to Washington, it just seems to me from my past experience we can get to Harrisburg a little quicker than we can through the bureaucratic tape, although I might take an exception to that in just having a congressional hearing right here in our own district today.

I see that sometimes we can get through and this a good example of it.

I think there are three major concerns we have. We have talked about the effective programs. We need training staff for teachers, students, and parents. I think that is probably our biggest need.

The second area is that we feel in our school district that if we had a drug counselor who spent part of the day in the school and part of the day in the community, somebody who started about 1 o'clock and worked to about 9 o'clock, that this is the kind of person who could be extremely helpful to our young people as part of the education program.

Also, it would be after school hours, and since the kids would have the opportunity, and hopefully some parents, this person might be able to coordinate some of the activities.

One of the problems we have in our district is we have a fellow who has many, many responsibilities and because of lack of funds the district said, "How about you trying to coordinate some drug education?"

This gentleman is well-meaning and attempts to do well but just doesn't have the expertise. I think this would be extremely helpful.

I think the third major concern that we have is there has to be a closer part of the enforcement procedures between local police, county police, State police, and school districts. If we in our school district were to apply for a grant, whether it be a minigrant—hopefully, we will forget the word "mini" and think of "maxi"—we would like to have help in those three areas.

I think that sort of summarizes and my testimony reacts to our school district.

Mr. **Brademas.** Thank you very much, Mr. Rozelsky.

I might just say, without any specific questions on your testimony, that it does seem to me if our visit to Pennsylvania has borne any fruit today, aside from giving further understanding and information to the members of the subcommittee on this legislation, hopefully we shall have triggered a little more initiative on the part of the school officials of this part of the State. I have little doubt that I could make the same observation in almost any congressional district in the United States.

I know it is difficult but, with the Federal Government not having unlimited resources, we don't really fly around the country dropping Federal manna on those who have not even indicated they want it.

It is really not as difficult to get through on these matters as your testimony, at first, might lead one to think, especially when you have a highly placed member of the subcommittee as your own Representative in Congress.

I should have thought you would probably be rather more effective than maybe a lot of other congressional districts in the United States.

Mr. **Rozelsky.** Possibly so.

Mr. **Brademas.** As Mr. Lehman said, I have been on this committee for 15 years now and one conclusion I have come to—as one coming from a family of educators—is that we need very much to educate the educators.

Mr. Eshleman.

Mr. **Eshleman.** What intermediate unit are you in?

Mr. **Rozelsky.** Twenty-four, Chester County.

Mr. **Eshleman.** Lebanon I guess is 13.

Would the intermediate unit be a logical place for direction on this? This would take a change in the State law as far as the money. Instead of your school district dealing directly with Harrisburg, would it be more localized—would it be better coming from the intermediate unit; in other words, have the intermediate units deal with Harrisburg and they in turn deal with you?

Mr. **Rozelsky.** One thing about the intermediate unit—as a matter of fact, that is how my invitation came here today, so I can say nothing but positive things about the intermediate unit—they work closely with us.

I am sure then we would have some representation, maybe more than just one grant. It is a possibility. I am not eliminating the functions of the Department of Education because I think we had made some great strides in the last couple of years, but possibly interpretations of this—for example, when this money becomes available maybe representatives of the intermediate unit could go to Harrisburg and meet with the Department of Education's bureau that will be handling these funds.

Mr. **Eshleman.** Instead of the 12, 14, or 16 of you.

Mr. **Rozelsky.** And then come back. In other words, that is one possibility of getting the information to us. I think, for example, when it comes into the Department of Education office it gets spelled out and sent to us. This is another way they could possibly be helpful to us.

Our school board, as you can see from our policy, takes a pretty strict approach to drug use and abuse. After going through the nurse and the parents our students are suspended from school for upward of 30 days.

In some situations we have expelled students and it has brought about much concern in our community, as you can see from some of the frustrations.

But, we would support the continuation of the act.

Mr. ESHLEMAN. I have no more questions.

Mr. BRADEMAS. Mr. Lehman.

Mr. LEHMAN. I was struck by the fact of how few local funds you are earmarking for drug abuse education. It is almost like tokenism. With a tight budget on local funds the only source of funds is going to be from programs such as the one we are talking about here at the present time.

Thank you.

Mr. BRADEMAS. Thank you very much indeed for your valuable testimony, Mr. Rozelsky.

The Chair wants to take this opportunity to thank the officials of this school and all those who in any way helped make possible conducting these hearings in Pennsylvania.

The hearings have been most helpful to our understanding of the problems associated with effective drug abuse education programs. In particular we want to express our warm appreciation to our distinguished colleague, Congressman Eshleman, for having invited us to this congressional district and for having extended to the members of the subcommittee and our staff such fine hospitality.

Mr. ESHLEMAN. John, you are going to be part of an increased motivation in drug abuse education in this area. I feel sure of that statement, so your Saturday afternoon was well spent.

Mr. BRADEMAS. Thank you very much. The subcommittee is adjourned.

[Whereupon, at 4:10 p.m., the subcommittee adjourned.]

TO EXTEND THE DRUG ABUSE EDUCATION ACT

TUESDAY, JUNE 26, 1973

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met at 9 a.m., pursuant to recess, in room 2261 Rayburn House Office Building, Hon. John Brademas (chairman of the subcommittee) presiding.

Present: Representatives Brademas, Meeds, and Lehman.

Mr. Brademas. The Select Subcommittee on Education of the Committee on Education and Labor will come to order for the purpose of conducting the sixth and final day of hearings on H.R. 4715 and related bills to extend the Drug Abuse Act.

The Chair should note for the benefit of those here present today, that our preceeding witnesses, with the exception of those representing the administration, have enthusiastically supported the extension of this act—an act which provides educational programs on the problems associated with the abuse of drugs.

Today we will hear from Gayle Krughoff and Frank Lemons, both associate directors of the National Coordinating Council on Drug Education.

The Chair observes that the Coordinating Council has been among the leading champions of effective education about drug abuse, and has, as well, been a vocal critic of existing materials for drug education.

So the Chair is pleased to have these distinguished representatives from the Coordinating Council at this hearing, and would like to invite Ms. Krughoff to begin her statement at this time.

STATEMENT OF MS. GAYLE KRUGHOFF AND FRANK LEMONS, ASSOCIATE DIRECTORS, THE NATIONAL COORDINATING COUNCIL ON DRUG EDUCATION, INC.

Ms. Krughoff. Thank you.

Thank you very much for the opportunity to testify before your distinguished subcommittee today. I am Gayle Krughoff, associate director of the National Coordinating Council on Drug Education.

I have been involved with the work of the council since its beginnings in 1969; I served as project director on our first and second comprehensive evaluations of drug abuse audiovisuals, produced under contract to the National Institute of Mental Health (NIMH) and published under the title drug abuse films.

I'd also like to introduce Frank Lemons, my coassociate director at NCCDE. Before joining the council staff, Frank was associated with White Bird Sociomedical Aid Station in Eugene, Oreg., as one of the founders and directors. As you may know, White Bird is one of the oldest and most successful of the "free clinic-peer counseling-crisis intervention" facilities.

Frank is going to read our prepared statement and then we will be happy to answer questions.

Mr. LEMONS. This is not the first time that representatives of the National Coordinating Council on Drug Education have appeared before this subcommittee.

At the initial hearings on H.R. 9812, then titled the Drug Abuse Education Act of 1969, Dr. Helen Nowlis, our founding president, and our first secretary, George Griffenhagen of the American Pharmaceutical Association, strongly urged the establishment of a coordinated Federal effort for drug abuse education the creation of a few dedicated individuals who believed that the private sector needed a strong, responsible voice in the field of drug abuse prevention and education.

The council still strives to serve as that coordinating body, that responsible voice. We have grown to a membership of more than 130 organizations, which include drug education and treatment groups as well as professional, service, youth, governmental and religious organizations. A list of our current members is attached to this testimony.

Our biweekly newsletter, National Drug Reporter, reaches an audience of approximately 15,000 and is considered one of the most pertinent and informative publications in the field. Members of the House of Representatives receive our newsletter as a courtesy.

We have recently published our third edition of drug abuse films, which evaluates more than 220 drug abuse audiovisuals for scientific and conceptual accuracy. The National Education Association and the American School Library Association are among the national educational groups which have recommended our film evaluation as a must for educators and drug abuse education personnel.

Another evaluation we are now completing reviews the most commonly circulated pamphlets, flyers and booklets on drug abuse. We hope this literature evaluation will help the public be more selective in the materials used for drug education.

These are but a few of the council's ongoing projects. We are also conducting a research project in Europe this summer, in conjunction with the U.S. Commission for UNESCO, in order to determine the best means of assisting drug-using American youth abroad.

We are negotiating for the establishment of a methadone program information bureau, to facilitate the interchange of vital information between the numerous treatment programs across the Nation.

For the past 4 years, then, the National Coordinating Council on Drug Education has been involved in almost every facet of drug education.

These 4 years have been an education for those of us at the council; we believe that a similar education process has been experienced by the drug-concerned community throughout the Nation.

First, we have learned that any discussion on the process of teaching about drug use must begin by clarifying the distinction between drug education and drug information. Early efforts, as you have heard in previous testimony, placed great stock in the persuasive power of "information."

The underlying belief was that if people had information about drugs and drug effects, the majority would opt to not try drugs. Those early efforts, unfortunately labeled drug "Education," actually consisted of barraging our Nation's youth (as well as their concerned and often desperate parents) with films, flyers, pamphlets, TV spots, posters, charts, guides, and even lectures about drugs.

But information is not necessarily "education." Perhaps this is nowhere more true than in the drug area. Numerous studies have shown that many people, armed with much factual information about drugs, are nevertheless still willing to involve themselves in risks associated with drug use.

This may be explained, in small part, by the poor quality of those early information campaigns. Much of that information, produced and distributed during our initial panic response to "The Drug Problem," was factually erroneous and perhaps even counterproductive.

As the National Education Association's 1972 task force on drug education concluded:

> . . . much false material has been produced for and used in drug education with widespread indiscretion in schools across the nation . . . the Task Force feels that use of false, poor, emotionally oriented, and judgmental materials is more harmful than no materials . . .

This distinction between "information" and "education," a crucial philosophical distinction, is also an important semantic distinction when we address the question of evaluations of drug education.

Numerous studies have looked at the effects of drug education programs—the most widely publicized being the Macro System, Inc., and the No. 9 studies.

The condemnation of drug education which comes out of such evaluation is in fact a condemnation of those early efforts to throw tons of ill-conceived, scientifically dubious drug propaganda in the name of "education."

Those studies clearly indicate that information-based drug education programs aren't working. We couldn't agree more.

However, we object strongly to jumping to the conclusion that "drug education doesn't work." What doesn't work are programs and curriculums based upon dissemination of information. Simple drug facts will not do the job of preventing drug abuse. To borrow the title of a drug abuse audiovisual presentation we recommend: "Any drug education program that talks only about drugs is at best a waste."

These lessons can be the cornerstone for a more effective program of drug education: A program which is integrated into an education curriculum aimed at total human development, rather than a 1-hour "drug course" for 6 weeks to all sophomores.

Drug education should be part of a learning environment which teaches young people to make rational choices in all situations they face. As the National Commission on Marihuana and Drug Abuse, commonly called the Shafer Commission, concluded in its second report:

> Education should integrate information about drugs and drug use, including alcohol and the over-use of legal drugs, into broader mental hygiene or problem solving courses. In this way, the overall objective of encouraging responsible decision making can be emphasized, without placing the teacher in the position of defending drug policy of persuading the students to comply with it.

For example, we highly recommend a drug education aid developed by one of our member organizations, the Jaycees in Michigan, called The Learning Tree, which puts drug use in the context of other choice situations faced by elementary aged children, such as stealing or playing with matches.

The drug abuse prevention program of the State of Florida operates under similar premises. We recently awarded the Florida Department of Health and Rehabilitative Service our "Pacesetter" citation for their new public service TV announcements, showing individuals helping ohers in commonplace situations. As David Schmeling, the project director, explained:

> We're still trying to repair our destroyed credibility after that colossal blunder (early scare messages about marijuana being a killer, et cetera) and the way we're doing it is by not talking about drugs and drug effects. We're trying to do two simple things:
>
> One, to make sure people who have drug problems know where they can go for help if they need it.
>
> Two, to get everybody to stop thinking of drugs as the problem. Drug misuse is a symptom of people not getting along.

UNITED STATES OFFICE OF EDUCATION: IN THE VANGUARD

Much of the impetus for that movement has come from the programs and projects initiated, supported, and stimulated by the U.S. Office of Education's Office of Drug Education/Health and Nutrition programs.

Their mandate under the Drug Abuse Education Act of 1970 has enabled them to fund a wide variety of local prevention and educational projects at the school and community level. White Bird Clinic was one such project, which I would be happy to discuss at greater length during questioning.

The whole concept of teacher training to sensitize educators to the complex matrix of casuality underlying the abuse of licit and illicit substances may be traced to the philosophical and program direction provided by Dr. Nowlis and her staff.

That same principle of consciousness raising at the first, necessary step toward effective drug education and drug abuse prevention has been carried to the community level through the U.S. Office of Education "Help communities help themselves" minigrant program, now in its second year of operation.

Those very studies cited earlier which are being used as "evidence" of the failure of these training and pilot programs fostered by OE argue strongly for continued movement in that direction.

The HEW/Macro Systems, Inc., study, for example, says:

> HEW could abandon drug education as a single issue concept and develop programs more in keeping with current youth development areas involving broader decisionmaking and problem solving capabilities * * * it may be more significant to attempt to reinvigorate the high schools of America, raise the quality of teaching, and provide realistic activities enhancing the self-worth of our young people than to embark on a failure-ridden quest for a youthful society free from drug use * * *

As Dr. D. A. McCune wrote in "The Role of the State in Drug Education": "Drug education is a concept placing emphasis upon utilizing the total influences available to affect the individual's social, physical and mental well-being with respect to drugs."

That type of program requires an aware, involved educational community—a sensitized, concerned teaching staff far too rare in American schools today.

In doing drug education, Xenia Wiggins of the Southern Regional Education Board concluded: "In the final analysis, the success of any educational program—particularly programs that deal with students' personal behavior, attitudes and feelings—depends upon the skills of the teacher."

The aim of the teacher training and minigrant programs of the U.S. Office of Education has been to provide those in closest contact with drug-susceptible youth with additional tools—understanding, awareness and sensitivity—to aid in the personal growth process which has thus far proven most effective in combating drug abuse.

FEDERAL DRUG EDUCATION PROGRAMS: BUILT-IN FAILURE?

The minigrant program is still in its infancy; it has had its shortcomings and failures. It has only skimmed the surface. As the Shafer Commission recognized, training continues to be a vital necessity in communities across the Nation:

"At the present time, however, programs for training people in drug abuse prevention are not given sufficient emphasis. Training of the professional and education of the layman has to this point been hit and miss."

The Commission goes on to endorse heartily the training of community action/response teams, as planned in the "Help Communities Help Themselves" (minigrant) approach:

> * * * The Commission recommends a community-wide strategy, in which all members of a community, and not merely the schools, acquire information about drug use, so that all can work at improving the situation.

Yet Federal drug abuse programs, a comprehensive study of Government efforts in this field prepared by the task force on Federal heroin addiction programs and submitted to the Drug Abuse Council and the American Bar Association's criminal law section details just how far short we've fallen in providing this crucial component drug education.

Reviewing the Office of Drug Education/Health and Nutrition programs' activities during fiscal 1972, the task force concludes that Dr. Nowlis and her small staff were physically incapable of providing the monitoring, support and evaluation efforts which could have aided greatly in implementing those community, school and training projects:

"What becomes increasingly clear is that the Drug Education Office, with over five times as many projects in fiscal year 1972 as in the previous one, is rapidly expanding in program load, even though it retains the same staff, overburdened by past program development, monitoring and evaluation responsibilities.

> From information supplied by DEO and interviews with staff members, the Task Force perceives little hope for the successful achievement of program goals in light of insufficient national staffing to develop, administer, monitor and evaluate over 625 individual projects . . . unless DEO's staff is significantly increased, meeting program objectives will not be possible and the mandate of the Drug Abuse Education Act of 1970 will remain still another unfulfilled goal in the Federal Drug Abuse Prevention Effort.

What becomes perfectly clear, then, is that with a limited professional staff, the Office of Drug Education was forced to severely curtail monitoring and evaluation efforts.

National priority program deserved adequate staff support.

We realize that personnel freezes have severely hampered many worthwhile Federal programs. If, however, the administration had been as committed to the principle of drug education as it publicly claimed, exception would have been made and the staff and support moneys provided.

Had the Department of Health, Education, and Welfare truly included drug education programs among its highest priorities, administrative allocations could have been revamped to improve the efficiency and effectiveness of those programs.

Minority staff could have been hired (a persistent criticism of evaluative studies); more teachers and students could have been involved in both the planning and implementation of Office of Education projects and training programs.

The Special Action Office for Drug Abuse Prevention was created while personnel levels were officially frozen. Staff and administrative support was much more readily available to this highly visible showcase of the "War Against Drug Abuse."

The argument that we should terminate the programs of the U.S. Office of Education's Drug Education Office because they're not working is just not valid.

Those rightly criticized early information efforts have been discarded in favor of a potentially valuable program of teacher and community training and education.

Furthermore, many of the failures of implementation and monitoring failures have been due as much to lack of support by the administration as to structural or philosophical failing.

At the same time we hear that these programs should be dismantled because of their ineffectiveness, we also hear that the formula grants to the single State agencies, under the authority of the Special Action Office for Drug Abuse Prevention, will assume the ongoing programs begun under U.S. Office of Education auspices.

Sections 409 and 410 of the act do contain the authorization for such grants; whether the grant program in operation would indeed insure the continuation of these school, community and training projects is less certain.

We have serious doubts about the preservation of effective drug education programs under the supervision of the Special Action Office for three major reasons:

One, the varying degree of commitment to drug education of the parts of the 50 single State agencies which would administer these formula grants;

Two, the lack of commitment to drug education by the Special Action Office for Drug Abuse Prevention, as demonstrated by the recent "National strategy for drug abuse and drug trafficking prevention 1973"; and

Three, our hesitancy to remove drug education programs from the overall umbrella of the Federal agency directing our educational programs into special drug abuse agencies.

The Drug Abuse Education Act of 1970 was passed, like many other such categorical grant programs, in part because this national priority need was not being met by the individual States.

During the past 3 years, some States have mobilized their resources, finances and personnel to develop effective drug abuse prevention and education programs; others have not. Some States would certainly utilize their formula grants to maintain, expand and improve those programs; others may not.

Assuredly, the elimination of the technical support possible from an adequate staffed U.S. Office of Education drug education office would severely hinder such State efforts.

Granting varying State and local commitments to drug abuse prevention and drug education, one might argue that the Federal Government (SAODAP) as it approves State plans and allots the sections 409 and 410 formula grants, would apply pressure to insure that effective drug education programs are included in those plans.

However, several indicators give us reason to doubt the administration's real commitment to drug education. We have cited the lack of staff support granted to Office of Education efforts.

The administration's proposed budget for fiscal 1974, with its paltry allocations for education and training matched against increased moneys for treatment and law enforcement, cast further shadow on President Nixon's widely publicized campaign to educate our Nation's youth.

Nowhere is the administration's lack of real commitment to the prevention and education elements of the drug abuse equation more evident than in their Federal strategy paper.

Unfortunately, we find far more concern with treatment and law enforcement than with dealing with the root causes of the drug abuse problem. As the Shafer Commission realized, "To date, official SAODAP, Special Action Office for Drug Abuse Prevention, strategy tends to equate prevention strategy with treatment of those enrolled in rehabilitation programs."

Treatment and enforcement are inadequate supports for an effective drug abuse prevention and education program: Treatment reminds us of shutting the barn door after the horse has escaped; the bankruptcy of a strict law enforcement approach has been shown time and again.

In the little more than three pages allotted to education in the Federal strategy of 150 pages, the administration does recognize the "* * * interest in those approaches that treat drug use as one of the many important decisions a young person inevitably must make in the course of maturation." We wish that SAODAP had backed up that recognition with philosophical and financial support for primary prevention.

As we have attempted to explain, the current thrust of drug education programs is to integrate drug education into the general educational process. It would seem logically consistent, therefore, to maintain Federal drug education efforts within the overall education program of the U.S. Office of Education.

The inherent problems in creating a separate drug education bureaucracy, whether within NIMH, SAODAP or a new National Institute for Drug Abuse, are the scarcity of qualified personnel, the separation of drug education from the mainstream of educational development and the consequent duplication of efforts and the further institutionalization of the drug abuse industrial complex, as the Shafer Commission characterized our present efforts.

The Drug Abuse Council/American Bar Association study recognized this first point, saying: "With qualified educational personnel in such short supply, the wisdom of establishing an educational bureaucracy within NIMH is doubtful. Surely the Office of Education is much more qualified in this area."

Our underlying assumption here is that the eventual aim of all drug abuse programs is self-destruction; the U.S. Office of Education's drug education effort, after early attempts to deal with the "drug problem" in and of itself, has ultimately directed its efforts to improving the educational process through teacher training awareness programs.

As such it is appropriate that those efforts be located within the U.S. Office of Education, not separated in a drug abuse prevention agency of any sort.

Speaking to the general problem of organizing the Federal drug abuse effort, Dr. Thomas Bryant, president of the Drug Abuse Council, Inc., commented:

> Given the complexity and ambiguities of this field, I hope you consider whether the Congress wants to create superagencies or offices whose mission is to suppress drug use without regard to social costs involved in the effort itself, or whether it wants to parcel out responsibility for drug-use policy among those agencies which are, because of their broader mandates, more sensitive to competing demands of society.

Our overall task, then, seems overwhelming: To begin to revamp our educational process to allow for personal growth in decisionmaking and individual lifestyles so that, as Federal Communication Commissioner Nicholas Johnson proposed, the drug problem would disappear in and of itself.

As your hearing opened, the members of the subcommittee seemed taken aback when confronted with the enormity of this undertaking. As the preceding witness Dr. Bourne admitted in questioning before the House Special Studies Subcommittee of the Government Operations Committee, a truly effective drug education effort would involve a total restructuring of the American educational system.

Yet as Dr. Peterson of the Council of Chief State School Officers pointed out, these special categorical programs—drug abuse education, environmental education and others—have had effects far beyond their categorical intention. The increased sensitivity to students resulting from U.S. Office of Education sponsored training has carryover value to the entire curricula, the total educational process.

As a National Institute of Education HEW publication on Drug Education, part of their "Putting Research into Educational Practice," (PREP) series, suggested:

"Drug education is humanizing the Nation's schools, forcing administrators and teachers to reevaluate nearly everything they do."

The U.S. Office of Education's Drug Education projects, then, are helping our Nation's schools to meet their responsibility to combat the problem of drug abuse. This support role, it seems to us, is both appropriate and necessary.

Current professional opinion in the fields of drug abuse prevention and education cite the roles of schools, family, and peers in creating the psycho-social conditions leading to abuse of psychotropic substances.

To combat what we have already termed the "demand" aspect of the drug problem, we must rely increasingly on those social institutions—the school, the family, the church, and the local community. Speaking for the National Commission on marihuana and drug abuse, its chairman, former Pennsylvania Governor Raymond Shafer, commented:

> We believe that over the long run, the informal, nonlegal controls exerted by the private institutions—the school, the family, the church and community organizations—must assume primary responsibility for discouraging drug use.

The role of the Federal Government, therefore, must be to assist those private institutions, wherever possible, in assuming a most effective education and prevention role. As best we can determine, the most logical place to direct effort is the U.S. Office of Education's Office of Drug Education.

We at the National Coordinating Council on Drug Education applaud the efforts of the U.S. Office of Education in that direction and sincerely hope that this humanizing process can continue.

We heartily endorse, therefore, the extension of the programs and provisions of the Drug Abuse Education Act of 1970 through the passage of H.R. 4715.

Thank you again for the opportunity to share our perspective with you.

NATIONAL COORDINATING COUNCIL ON DRUG EDUCATION

MEMBERS

Aerosol Education Bureau
Alaska State Department of Education
Alcohol and Drug Problems Association of North America
Alcoholism and Drug Addiction Research Foundation
Allied Youth, Inc. (Arlington, Va.)
Alpha Phi Alpha Fraternity, Inc.
American Academy of Pediatrics
American Association of Colleges of Pharmacy
American Association of Health, Physical Education and Recreation
American Association of Junior Colleges
American Bar Association
American College of Apothecaries
American College Health Association
American College of Physicians
American Correctional Association
American Council on Alcohol Problems, Inc.
American Dental Association
American Federation of Labor and Congress of Industrial Organizations (AFL–CIO)
American Legion
American Medical Association
American National Red Cross
American Nurses Association
American Osteopathic Association
American Personnel and Guidance Association
American Pharmaceutical Association
American Psychiatric Association
American Public Health Association
American Social Health Association
American Society for Adolescent Psychiatry
American Society of Hospital Pharmacists
American Society for Pharmacology and Experimental Therapeutics
Amorphia, Inc.
Awareness House, Inc. (Berkeley, Calif.)
B'nai B'rith

Boy Scouts of America
Boys' Clubs of America
Bureau of Narcotics and Dangerous Drugs
Capitol Region Drug Information Center (Hartford, Conn.)
Charlotte Drug Education Center (Charlotte, NC)
Chattanooga Area Council on Alcoholism and Other Drug Abuse (Chattanooga, Tenn)
Chenango County Narcotic Guidance Council (Norwich, NY)
Child Study Association of America, Inc.
Civitan International
Community Organization for Drug Abuse Control (CODAC-Phoenix, Ariz)
Congress of Racial Equality
Council on Family Health
Counseling Center
Curriculum Research and Development Center (Kingston, RI)
Delta Sigma Theta Sorority, Inc.
Department of Defense
Department of National Health and Welfare (Canada)
Direction in Education in Narcotics, Inc. (DEN-Syracuse, NY)
Drug Abuse Center, Inc. (Louisville, Ky)
Drug Abuse Training Center (Hayward, Calif)
Erie County Drug Council (Erie, Pa)
Family Tree Humanizing Community, Inc. (Toledo, Ohio)
Federal Wholesale Druggists Association of the USA and Canada
Florida Drug Abuse Program Media Center
Food and Drug Administration
General Board of Health and Welfare Ministries of the United Methodist Church
Georgia State Board of Pharmacy
Girls Clubs of America
Hearing Aide Crisis Intervention Center (Dearborn, Mich)
In-Site of Tuolumne County (Sonota, Calif)
Institute for the Study of Drug Addiction
Interagency Task Force on Drug Abuse (Los Angeles, Calif)
International Narcotic Enforcement Officers Association, Inc.
Kearney Community Council on Drug Abuse (Kearney, NJ)
Lutheran Community Services (New York City)
Lutheran Resources Commission Washington
Maryland Drug Abuse Administration
Massachusetts Department of the Attorney General
Massachusetts Department of Education
Medical-Surgical Manufacturers Association
Michigan Department of Education
Minnesota State Planning Agency
Montana Department of Health and Environmental Sciences
Mon-Yough Council on Drug Abuse, Inc. (MYCODA-McKeesport, Pa)
Narcotic Addiction Control Commission (New York)
Narcotic Addiction Rehabilitation and Confrontation Organization, Inc. (NARCO-New York City)
Narcotics Addiction Rehabilitation Coordinating Organization (NARCO-Detroit, Mich)
Narcotics Addiction Research and Community Opportunities, Inc. (NARCO-New Haven, Conn)
National Association for the Advancement of Colored People (NAACP)
National Association of Broadcasters
National Association of Chain Drug Stores, Inc.
National Association of Counties (NACO)
National Association of Manufacturers
National Association for Mental Health
National Association of Pharmaceutical Manufacturers
National Association of Secondary School Principals
National Association of Student Personnel Administrators
National Bar Association
National Board of YMCA
National Catholic Youth Organization Federation
National Congress of Parents and Teachers
National Council of Alcoholism, Inc.

National Council of the Churches of Christ in the U.S.A.
National Council of Negro Women
National Council of State Pharmaceutical Association Executives
National Dental Association
National District Attorneys Association
National Education Association
National Health Council
National Institute of Mental Health
National Jewish Welfare Board
National League of Cities and U.S. Conference of Mayors, Inc.
National League for Nursing
National Safety Council
National Urban Coalition
National Wholesale Druggists' Association
New Jersey State Department of Health
North Conway Institute
Northwest Christian Youth Foundation, Inc. (Canoga Park, Calif)
Office of Economic Opportunity
Office of Education
Optimist International
Pharmaceutical Manufacturers Association
Project D.A.R.E. (Los Angeles, Calif)
Proprietary Association
R.A.P., Inc. (Washington, D.C.)
Re-Entry, Inc. (Falls C[illegible]
Salvation Army
Sioux Empire Drug Education Committee, Inc. (Sioux Falls, SD)
South Dakota Commission of Drugs and Substances Control
Student American Medical Association
Student American Pharmaceutical Association
Texas State Program on Drug Abuse
United States Jaycees
Vermont Drug Rehabilitation Division
Veterans Administration
Virginia Drug Abuse Control Council
West Virginia Department of Mental Health
White Bird Sociomedical Aid Station, Inc. (Eugene, Oregon)
Wisconsin Bureau of Alcoholism and Drug Abuse.
Youth Organizations United

Mr. BRADEMAS. Thank you very much, Mr. Lemons and Miss Krughoff for, in my judgment, a really first class analysis of the problems associated with drug abuse education.

I must say, in all candor, if we had had a similar analysis from those in the Office of Education responsible for administering these programs I think our subcommittee hearings would have been more enlightening. But I suppose if we would have had that kind of analysis from them they would not be in office very much longer.

I would like to ask you at the outset a basic question, namely, what is the National Coordinating Council on Drug Education and where do you get your support?

Miss KRUGHOFF. We are a private organization. We have a membership of 130 national organizations which range from religious, professional groups, service groups. We have just had a bylaw change which permits us to seek membership from industry. We are trying to involve the private sector. We get funding from Government contracts, from membership and from some foundation support.

Mr. BRADEMAS. Without objection there will be included at the appropriate point in the record a listing of the present members of the council. And I may say to my colleague, the gentleman from Washington, the original sponsor of this legislation, that last Saturday at hearings on this measure in Pennsylvania I sought unanimous consent to insert in the record chapter 14 of the report entitled "Federal Drug Abuse Programs" prepared by the task force on Federal heroin addiction programs and submitted to the national law section of the American Bar Association and the Drug Abuse Council.

This is a report you made reference to in your testimony and I thought it was a most perceptive one.

I would, at the outset, before I ask some questions, simply express my agreement with your conclusion that this administration places a very high priority on drug abuse education. The rhetoric has been fine on this, as in a number of other areas, but when the point of action comes, especially so far as budget or staff are concerned, then somehow they are off hiding in the woods.

I think that your indication that the Office of Drug Abuse Education in OE has been woefully understaffed, is certainly a valid point, even as is your comment on the administration's inadequate budget request for these programs.

Another point in your testimony, I take it, is that of the administration's low priority for this program and the stress on treatment and law enforcement as distinguished from prevention through, in this case, efforts in education. And you cite the Federal Strategy paper as evidence to support that point of view, namely: The administration seems to prefer to give attention to some showy, highly visible agency rather than face up to the real problems by targeting responsibility on the appropriate agency, in this case the Office of Education.

I was struck by two other points in your statement, namely, the extraordinary failure on the part of the administration to evaluate drug abuse education programs. It would seem to me from what you have said that the Coordinating Council on Drug Education has engaged in more evaluation than has the Drug Abuse Education Office in the Office of Education.

In our hearings in Millersville, Pa., last Saturday, where we heard from the State Secretary of Education for Pennsylvania as well as from a number of local school officials about drug abuse education programs, a recurrent theme was the failure to evaluate programs, and I want to come back to this point in just a moment.

The final point that you made—and I am trying to summarize my understanding of your major points as you criticized the administration in this respect—is that they would seek to put whatever effort goes on in the drug abuse education field in the hands of the State agencies for drug prevention, as distinguished from State education agencies.

So this is probably a classic example of why some of us in Congress favor categorical programs in some of these areas rather than the administration's revenue sharing approach.

I think that Tom Oliphant of the Boston Globe once said revenue sharing is really a snare and a delusion. He even said it was a swindle and I think you see that point with reference to this legislation.

Mr. Lemons, one of the points that I want to ask you about has to do with the minigrants.

In Pennsylvania the minigrants were criticized very strongly because by giving $2,000 or $3,000 to one community, and $2,000 or $3,000 to another, you really do not make anything happen.

It is almost impossible, we were told—and it would seem to me a commonsense observation—to be able intelligently to evaluate the effectiveness of such a proliferation of modest programs around a State.

That is especially true when, as is the case in Pennsylvania, there is relatively little involvement on the part of the State agency.

You speak sympathetically of the minigrant idea, but I find that point in your statement not on all fours with your criticisms of the lack of evaluation.

What can you tell us about that?

Mr. LEMONS. I think the main problem with the minigrant program as it is operated now is that the process of follow-up evaluation which again on paper looks very good. The program looks very good in that it will take a number of communities from a State and train a community team to go back and come up with some effective action programs and work with the entire community.

Then if and when the community team should develop problems they have supposedly a network of people that they can call on that both help them train and are available through a pool provided from the staffing of this bill to call on to come in to the community for further follow-up and evaluation.

Unfortunately, as in most of the funded programs under this particular program, the people get back to the community and do in fact run into problems, make a call and say: "We have run into these kinds of problems," and they usually get a buy signal on the phone because there are so many that are trying to get through to get that kind of help.

So that follow-up support has not been provided nor has the evaluation of these programs. So in that regard they are not working and the proliferation of programs into several thousand programs rather than several hundred make them harder to evaluate although if the money were available and the staff were available for evaluation I think it would be more than possible to evaluate these programs.

Mr. BRADEMAS. Wouldn't it be better for there to be less emphasis on minigrants, the political attractiveness of which I can certainly understand—but we are not talking about that here, we are talking about what works in this program.

Wouldn't it make more sense to have less grants but to more carefully tailor and shape the programs, and then, in particular, to give far greater attention to monitoring and evaluating the effectiveness of the programs. With very little money anyway what we should be doing, it seems to me, is trying to develop model programs from which the rest of the Nation can learn.

Does that make sense to you?

Mr. LEMONS. Yes; I think they could be administered in a different way too. It would seem to make sense that they could train, give the money to a State directly and train a certain group of administrators from the city itself to be able to formulate, select the community, and be available for the evaluation so you would spend the money within the State but move the evaluation out to the State as well too, so that you do not run into the bottleneck of everybody having to call up and ask the same sources for the evaluation and training.

Again I think another way would be to try different ways and different places so you can have several models to evaluate which also was not done and which I think was a real mistake.

Mr. **Brademas.** You may recall, if you followed the testimoney, that I asked Dr. Nowlis if models had been developed in drug abuse education that she could commend. She said not one that she would, as a professional, be willing to stand behind, whereupon I quoted to her the language of the Office of Management and Budget document that justified the administration's call to eliminate the drug abuse education program.

That language, I can tell you from memory, said that sufficient models have now been developed so that it is no longer necessary for the Federal Government to support these programs—which is to say the administration was lying to us, to put the most blunt English verb I know on it.

I would like to, speaking for myself, see the scarce amount of money more effectively spent. In that connection are you suggesting that we ought to send the money directly to State education agencies for distribution to local communities or could you elaborate on that point?

Mr. **Lemons.** No; I was saying that would be one model that could be tested as far as evaluating the problem as far as the bottleneck of supporting thousands of programs across the country and trying to evaluate them.

As we mentioned in our testimony we have problems with sections 409 and 410 under the SAODAP moneys because of the problems we see with single State agencies administering drug education and prevention programs.

I think if they work very closely with the people that have been trained through the Office of Education and the Administrators of the Office of Education and there was some kind of a close working relationship, then perhaps that would be a way to do it.

But as we cite in our testimony we do see direct problems right now with doing it on that basis.

Mr. **Brademas.** Finally, Mr. Lemons, let me note what you have said today about the importance of including drug abuse education as part of the overall process of education. You use the word humanistic particularly, which is one word that has again been recurring frequently in these hearings indicating that we ought to take into account the total education processes, both the affective and cognitive side of this matter. This point is something that seems to me to be coming through loud and clear in our hearings.

Do you have any recommendations for either amending this legislation or for changing the administration of the program from the Office of Education beyond what you have said about the minigrants?

Mr. **Lemons.** No; I would have to think and spend some more time looking at the specific bill.

Mr. **Brademas.** Thank you very much for most valuable testimony. Mr. Meeds?

Mr. **Meeds.** Thank you very much, Mr. Chairman.

Gayle, it is nice to see you again and Mr. Lemons, my congratulations on what I consider to be one of the best statements we have had during these entire hearings. It is a concise and perceptive view.

Let me also indicate to you again my thanks for the Council's initial help in the drafting of the first bill. George Griffin and Helen Nowlis when she was your president were very helpful in the first bill.

Ordinarily I am less harsh with the administration than Mr. Brademas but in this instance I think he is far too kind when he says it is mere rhetoric and a lack of concern about drug abuse education in favor of the more flashy programs such as rehabilitation and punishment.

I have the view, and I may be wrong, Mr. Chairman, that it is not mere lack of concern but an overt calculated decision based on ititial misconception—what you talked about in your statement—that drug abuse education was not working and that drug abuse information is not drug abuse education.

A misconception that because it was not working they ought to go to other things such as punishment and rehabilitation and such things as that and that the conscious decision has been made within the White House to shift the emphasis away from drug abuse education as they understand it.

Now am I incorrect in that?

Mr. LEMONS. No; I think the strategy paper does in fact reflect that, when you have 3 pages out of 150 which works out to the same budgetary allocations for drug abuse education and prevention.

Mr. MEEDS. So what we are really faced with is a monumental mistake made at the highest level of Government with regard to the drug abuse education problem or program in this Nation, are we not?

Mr. LEMONS. Yes, sir.

Mr. BRADEMAS. If my colleague will yield, this is the season of monumental mistakes.

Mr. MEEDS. Your colleague is aware of that.

What then do you feel can be done with a program of some $12 million, $14 million or $12 million to reverse this kind of—I guess I am being charitable—error? Is there anything we can do here? As long as this kind of decision has been made are we just shoveling sand against the tide here or can we actually do something with this program?

Ms. KRUGHOFF. I think one thing that can be done—I am not sure how much of it can be done with that kind of budget—but it is vitally important that evaluation be built into future programs. It is my understanding that with sufficient funding that the Office of Education is not adverse to this. That there simply has not been enough staff and enough money built into their program for them to include evaluation. I don't think they are fighting the idea of evaluation. I think they would welcome it. I think it is a necessary vital component of future programs.

Mr. MEEDS. I think about the third premise of this developmental bill, the Drug Abuse Education Act, was evaluation. I don't think there was anything said about minigrants but they are spending a lot of money with minigrants which are not even mentioned in the act and nothing for evaluation which I think is the third thing mentioned.

How do you change the people that make those kinds of decisions, despite what the act says? That is my problem.

Ms. KRUGHOFF. That is a problem. I think some evaluation is going on now that does need more time to be carried out. I think that in its initial year that it was too early for the minigrant programs in and of themselves to be evaluated and I think the office. as I understand it, their current plans are to include evaluation, if there is money there for that to be done.

Mr. **Meeds.** Again just following up on this evaluation, the decision to fund minigrants and not to fund evaluation or to be involved in evaluation seems again to indicate a misconstruction, not only of the problem, but of the intent of the act. The act really was not intended to fund minigrants for anything other than experimentation or pilot programs.

The whole act was a developmental act. It is clear there is not enough money in it for anything other than that, and yet this has been probably the lowest priority item within the Office of Education from almost the outset.

Would you agree or disagree with that?

Mr. **Lemons.** I would agree. As I mentioned in our testimony, I had a program in Oregon that was partially funded by the Office of Education in which in our initial proposal to them we did in fact have an evaluation system built in to the program that we submitted to them. When they go back to us about funding they did in fact fund the program but they told us they did not want us to do evaluation because they had a sufficient amount of money and staff built into the program to do their own evaluation so we would not have to worry about evaluating our own program, which upset me at the time, because we wanted to know if we were being accountable for the moneys we were spending.

And we expected this evaluation, which did not happen until about 1½ years after we started receiving money. So I think there were severe problems as far as evaluation.

Mr. **Meeds.** With regard to the minigrant programs, don't you think that again with this small amount of money we face the danger of doing precisely what your paper, if I read it right, inveighs against; that is to spread ourselves too thin and attempt to accomplish drug abuse education when we are really only giving drug abuse information.

It is relatively inexpensive to provide drug abuse information, but to provide drug abuse education is more costly. It is a long-term effort. It requires skilled people of which we have far too few.

It requires evaluation. It requires the acquisition of new skills and patience which the education system in some instances is somewhat shy of. All these things which certainly cannot be accomplished in a minigrant program.

So maybe we ought to define what we are really trying to do with minigrant programs. If we are trying to inform the community that what they really ought to be is more understanding for it, that is one thing. But to try to make all of them in a community experts, as teachers, professionals, with the full understanding of all the myriad problems behind drug abuse, then I think we have bitten off much more than we can chew with the minigrant program.

I would like to comment on that.

Mr. **Lemons.** I think personally it would have been just as effective to use that same amount of funding that was used for the minigrant programs to either further support the community-based programs—

because essentially the minigrant programs were a spinoff of those 26 or 27 community-based programs—I think those 27 programs could have been the basis for further evaluation.

I think the minigrant program may be a logical extension of these community programs but the community programs at this point have been cut back from two-thirds to one-half funding so that the programs initially supported in the communities on a pilot project and the ones that were going to be evaluated to see how in fact they impacted the communities, have now been cut back.

The minigrant programs have been doing full swing and I think if we did have a way to evaluate these community-based programs and to further support these community-based programs we could have gotten our answers there which may or may not have been helpful then in planning and designing the minigrant program.

I think the minigrant program—even though I think the idea is fundamentally equivalent—needed to happen at a much slower pace. And I think that the community-based programs that was part of the bill could have provided that resource for evaluation as well.

Mr. MEEDS. Now assuming we could reorient the Office of Education and the decisionmakers in the White House and put some emphasis on the developmental aspects of this bill—I would say parenthetically I think we are still almost where we were when the bill was developed because it has not been utilized as it was intended.

You people have been doing some good work but that is about the extent of it. But, in any event, if we could reorient them, would you think that a mere extension of the act is sufficient or need we overhaul it, in some fashion change it?

Mr. LEMONS. That is a difficult question to answer. I think the bill as it was written was a good bill. The problem is how do you follow up and see that things that are written in do in fact get carried out. I think that the intentions were good and that many of the programs were good and many of the funded programs that were funded were excellent programs.

I think the evaluation component has to be stressed and I don't know if there is any way to follow up on that, to make sure that that evaluation is done and that in a case of a program that is not working out, that you are not pouring more money into a program that is not working.

So I guess in a sense I am answering yes, sir, I think it should be extended essentially as it was, if there was some way to make sure this evaluation component was in fact carried out.

Ms. KRUGHOFF. Perhaps as important as evaluation components is the assurance that there will be technical assistance and followup that is part of each of the programs that are funded.

One of the things I think that is outstanding about the minigrant philosophy is that there is really not a community model which we can give to every community in this country.

I think one of the strengths of the minigrant idea is that it is allowing local communities to identify for themselves what their problems are and how they want to work on those problems.

It is going about a very complicated problem in a rather subtle sophisticated way by saying "We are sorry there are no answers, but we will give you some help in working out those problems."

I think that is one strength of the minigrant program that I would hate to see disappear.

Mr. **Meeds.** Which is a very important aspect of drug abuse education?

Ms. **Krughoff.** That is right.

Mr. **Meeds.** Creating some self-dependency, some self-evaluation.

Again, my congratulations to both of you. I think it was a very fine statement and I am delighted to see that your policies have remained very much what they were and what I concluded to be correct policies initially and are about 180 degrees from the administration's policies.

Mr. **Brademas.** Mr. Lehman?

Mr. **Lehman.** I enjoyed the presentation. In this 1972 catalog of the Federal Domestic Assistance Acts, where it tells you how to apply for grants in the 1973 catalog this act does not appear.

I wonder whether you have any comment to make on that.

Mr. **Lemons.** One of the initial community based pilot programs—and I think this is another problem that has been in the information dispersal, about if in fact a grant does exist, and when to apply and when the deadlines are—we had a tremendous problem finding out this kind of information.

I think that has been another problem with the minigrant programs, first, finding out their existence, finding out when in fact the cutoff dates for getting proposals in and that kind of information. That is very important to a community. I do not know about the specific inclusion that you mentioned.

Mr. **Lehman.** Mr. Chairman, are you familiar with the fact that drug abuse education grants are not even listed in the catalog for Federal domestic assistance programs for 1973?

Mr. **Brademas.** I was not aware of that but I am not surprised by it.

Mr. **Lehman.** It seems to me the administration is trying to conceal as much information on this as possible.

Thank you.

Mr. **Brademas.** I have a couple of other quick questions.

What in your judgment would the States do in the drug abuse education field with the formula grant money that the administration suggests it would make available to the States from the Special Action Office?

Mr. **Lemons.** I think that—if I may refer to this as a survey of State drug abuse activities for 1972—that was done in part by the Drug Abuse Council. They surveyed—I forget the total—I think 36 States responding about drug education and prevention and they found some serious problems.

The survey indicated according to State officials in question that in six States the high schools did not distinguish between possession of marihuana and possession of heroin. In nine States high schools did not distinguish between sale of marihuana and sale of heroin. They talk about in the conclusions and recommendations—one of the three major areas was drug abuse education and that they saw some real problems with the State agencies in providing this kind of information.

I will read from page 20 of this document:

"Third there were areas of concern associated with the educational systems responsibilities to the drug abuse problem. These were, one, lack of distinction made by high schools in many states between heroin and marijuana when action is taken against a student for possession or selling drugs.

"In addition many states reported no distinction made between offenses of possession and sale of these drugs.

"Two, the lack of Drug abuse related training for high school guidance counsellors, and three, the inability of high school guidance counsellors to extend privilege of confidentiality to those students voluntarily seeking help."

They talk more specifically in educational and prevention components in here about the problem of curriculums and that there were no curriculums that were standardized or consistently followed and that again where there were standardize curriculum there was no followup once it got passed. They might be standardized at State level but they were handed out local level and there was no monitoring.

I think the same problems are going to exist in the future and that formula grant under 409 and 410 will not help the separate development.

Mr. BRADEMAS. I might cease my questions with that one and ask if you would be willing, Mr. Lemons and Miss Krughoff, to give the subcommittee some written response to some questions, that we should hand you.

I guess I do have one other question, namely, what would be the wisest way to expend additional monies?

You suggested more money is required. What would you recommend?

Mr. LEMONS. I think that any money that goes into the area of primary prevention which is essentially anticipating and recognizing a problem and stopping it before it becomes a major problem is money well spent.

As we mentioned in our testimony, the idea of spending more money on treatment, even though it is vitally needed in some places is money that is going toward the casualties of society already. More money into law enforcement means nothing for preventing the problem in the future. I think if we don't want to be appearing at these hearings for the next 50 years that we have to spend money on prevention and that maybe by getting some money into the area of primary prevention or anticipating the problems, helping people work with those kinds of problems and preventing these problems, that there won't be the need for these kinds of hearings in the future.

Mr. BRADEMAS. I appreciate that. I think I am right in saying that the office of Dr. Nowlis has about as many people on her staff as we have on this subcommittee and that is not very many in as a hardworking counsel and staff director Mr. Duncan would agree.

I would hasten to point out that though the drug abuse education office does not have much money to spend they have considerably more to spend that we do on this subcommittee.

Finally speaking of the Office of Drug Abuse Education, I might say that the reason we are not able to have the witnesses from that office appear before this subcommittee still further is that they have not been able to respond to the questions that we have put to them. They have not even been able to tell us how the administration expects to expend the $3 million on drug abuse education which the administration has requested to be spent under the drug abuse prevention program—as distinguished from the legislation we are here discussing. That is very distressing indeed.

We have been—at least I have been and Mr. Meeds has been—very critical of the office down there, not because we are hostile to the program, because the program was invented in this subcommittee. And we certainly are not hostile out of any personal animosity toward Dr. Nowlis whom we all respect.

But I suppose as much as anything else, we have been hostile because we simply have not been able to get integrity out of the higher levels of the Government, of the administration, in respect to this program.

Your testimony here today I think has added weight to that on the part of the members of this subcommittee. We are very grateful to you for having come and we are adjourned.

[Whereupon, at 10:05 a.m. the committee adjourned.]

[The following documents were submitted for the record:]

STATE OF CALIFORNIA,
DEPARTMENT OF EDUCATION,
Sacramento, Calif., June 15, 1973.

JOHN BRADEMAS,
Chairman, Select Subcommittee on Education, Rayburn House Office Building, Washington, D.C.

DEAR MR. BRADEMAS: I would like to extend my appreciation for the special arrangements which were made to permit Dr. Carl Nickerson to present testimony to the Select Subcommittee on Education. As the Director of the California State Drug Education Training Program, I am anxious that the members of the Committee receive the impressions of those responsible for state programs which have been supported by funds distributed through the U.S. Office of Education. The impact in California has been and continues to be far-reaching.

Historically, the commitment to drug prevention through the established educational structure has been sadly lacking. Because of the support we have received from the U.S. Office of Education, it has enabled Departments of Education to begin to develop effective leadership in this area of concern. It is imperative that provisions be made to ensure this work will continue.

I have enclosed several pieces of information which will give you some idea of the activities in California and the philosophy upon which this state is approaching drug education.

Sincerely,

DONALD A. MCCUNE, Ed. D.,
Director, California State Drug Education Training Program.

DRUG EDUCATION IN THE SCHOOLS

Parents, educators, and community leaders are rightfully concerned over the adverse effects the misuse of drugs is having on the individual and society. In general, they have turned to education as one of the forces which may diminish this harmful behavior. The formal educational system is viewed by many as the primary mechanism for the delivery of drug education. The question which has been seriously raised as a result of the tremendous increase of the incidence of drug use among the school-age population in recent years is whether school-based drug education programs can effectively serve to deter initial drug experimentation and progressive involvement toward long term drug use. The accomplishments of approaches traditionally employed by the schools appear to have had little effect upon this problem to this point in time.

While most school districts are attempting to develop and implement effective drug education programs, much of their effort remains at the trial and error level. However, out of this growing pool of experience, together with a broadening base of research and a growing recognition of the contributions of other disciplines of knowledge, a substantial body of information is slowly being formed which holds the promise of enabling schools to modify and redirect their programs to maximize their role in reducing drug misuse among students. Many of the traditional approaches and their supporting assumptions and strategies are being subjected to critical review. Newer models are being formulated together with their own unique assumptions and methods of implementation. Evaluation of this progress is extremely difficult because of the complexity of the problem and the need for long term observations over an extended period of time which exceeds the immediacy of the problem.

Most school-based drug education programs have relied upon the legal or the medical approaches to deter drug misuse. Under the concept of the legal model, the threat of criminalization, imprisonment, or other forms of social punishment has been used to discourage the individual from misusing drugs. In the case of the medical model, the prospect of physiological or psychological damage as a result of drug use is used as the deterrent. While these approaches are undoubtedly effective for a number of individuals, they may be inadequate for the majority of those toward which they have been directed. This is reflected in the large numbers of those exposed to these approaches who are experimenting with or becoming regular users of drugs.

Perhaps the most prevalent and questionable assumption which underlies the legal and medical models is the emphasis and reliance which they have placed upon drug related facts and other cognitive information as determinants of behavior. The importance of accurate information as the basis for any educational program cannot be denied. It can be readily observed, however, that even the most knowledgeable and well informed individual appears to be able to ignore reliable data when confronted with strong pressures for action. Research in the field of learning has long supported the conclusion that, in most instances, information alone cannot be expected to produce a change in behavior. Rather, it is apparent the behavior of an individual is related to *his perceptions* of the rewards versus costs resulting from his actions. This perception is influenced by his felt personal needs, desires, aspirations, and wants which affect the value judgments he makes about his behavior.

From this milieu of drug education effort a third approach is rapidly being developed. Utilizing the experience of the most promising programs, together with a significant amount of knowledge and research from the fields of sociology and psychology, a new generation of drug education programs is beginning to appear. Designated as a sociological/psychological approach, this model is predicated upon recognition of the individual as a freely choosing decision maker whose behavior patterns will be influenced by his own value structure. Both cognitive (factual information) and affective (personal motivation) components are required in this approach if it is to lead to value input, the development of value awareness, and the opportunity for value clarification. As a result of this comprehensive process, the individual is better able to relate the information he receives to his own needs. This adds to the self-enhancement of the individual leading to a greater sense of self-worth and purpose which are qualities which tend to work against the lure of chemical substitutes in place of more constructive activities. Drug education should be an integral part of a comprehensive health education program required of all students, related to their health needs and interests, taught by well-trained and qualified health educators and with student and community involvement.

Since drug education programs must be developed to meet local needs, to utilize local resources, and to augment other on-going efforts, there is no one best program which can be suggested. However, in keeping with the movement toward the sociological/psychological approach described above, school-based drug education programs should meet the following guidelines in order to maximize their effectiveness. Underlying these suggestions is the definition of drugs which considers them to be any substance, other than food, which by its chemical nature has the potential to alter structure or function in a living organism. Alcohol and tobacco are thus included with the other current drugs of abuse as appropriate subjects for prevention programs.

A. CURRICULUM

1. The curriculum should be comprehensive in scope starting at the kindergarten level and extending through grade twelve, or it should extend through all grades covered by the school district.

2. The curriculum should be consistent with the *Framework for Health Instruction in California Public Schools:* K–12 adopted by the California State Board of Education (1970).

3. In all grades drug education should be conducted in conjunction with instruction on health and supplemented by instruction in other relevant subject areas.

4. Educational experiences should be provided throughout the year rather than having a short, concentrated unit.

5. Program elements and activities should be included which place emphasis on both attitudes and decision making (affective) and information (cognitive).

6. Clearly stated objectives should be established for the total program and for each level of instruction.

7. Curriculum should focus on the causes of drug abuse rather than the symptoms.

8. The curriculum should make provisions for meeting specialized needs of the local community relative to drug abuse.

9. The curriculum should be developed through cooperative planning of school personnel, the target population (where appropriate), community representation, and parents.

10. The school program should promote constructive alternatives to drug abuse.

11. Provision should be made for on-going evaluation and accountability.

B. INSERVICE TRAINING

1. Inservice training programs should afford the certified and classified staff with opportunities to gain understanding of current approaches and to develop knowledge and skills relative to drug abuse prevention through training and involvement.

2. Inservice programs for drug education should be offered to staff on a continuing basis and not as a stop gap attempt to solve the drug problem in a particular school.

3. When inservice is not conducted during the regular school day, opportunities for providing inservice or extension credit should be explored.

4. Resource persons utilized in inservice training should be carefully screened to determine if their philosophy, areas of expertise, and potential contributions are consistent with the district program.

C. CURRICULUM ASSISTANCE TO TEACHERS

1. The district should assign the responsibility to implement policies for drug curriculum and for the evaluation of the on-going program.

2. The district should provide the financial resources needed to implement and maintain the drug curriculum.

3. Support materials should be provided wtih guidelines and training for their effective use.

4. The curriculum should be coordinated with community based program activities in order to provide direct and indirect support to teachers.

D. TEACHERS AND COUNSELOR QUALIFICATIONS

1. Only teachers or counselors who have completed district inservice or its equivalent which includes opportunities to gain understandings of current preventive approaches and to develop knowledge and skills relative to drug education should be assigned the responsibility for drug education.

2. When practical, teachers hired after 1973 should have had at least one pre-service course in health education which covers the physiological, psychological, and sociological causal factors and the effects of the use of tobacco, alcohol, narcotics, restricted dangerous drugs, and other substances and current approaches to drug abuse prevention.

3. Because they are viewed by students as models, teachers and counselors chosen for the drug education program should exhibit control in their own use of tobacco and alcohol.

4. The following should be considered as attributes of school personnel assigned responsibilities for drug education and counseling.

a. Perceived approachability by students.
b. Communicated warmth and interest.
c. Ability to accurately articulate the students' concerns.
d. Empathy for growing children and adolescents.
e. Capacity for sustained listening.
f. Personal authenticity and honesty.
g. Willingness and ability to work with community resources and agencies.
h. Knowledgeable about current issues, information and resources related to drug use.

E. COUNSELING

1. Counseling services should be readily accessible to all pupils and their parents who wish to discuss possible drug related problems or other areas of personal concern.

2. The counseling program of the school should be aware of a variety of community drug abuse prevention, treatment and rehabilitation resources to which referrals may be made in those cases where such action is indicated.

3. The counseling service of the school district should be designed to avoid having those who are providing the counseling be responsible for disciplinary actions.

F. DRUG DEPENDENT MINORS

A person is considered to be drug dependent when he demonstrates a habitual compulsive need for the ingestion of a chemical due to psychological and/or physiological needs. The following sections of Article 11 of the *California Administrative Code, Title V*, provide for special education for drug dependent minors.

Article 11. Special Education for Drug Dependent Minors

3720. Eligibility. A drug dependent minor is eligible for special education when all of the following exist:

(a) He is between three and 18 years of age, has not graduated from the 12th grade, and has not been attending regular or continuation school programs.

(b) He is under the care of and has been identified by a licensed physician and surgeon as a drug dependent minor who, because of such drug dependency, is unable to attend regular or continuation school programs.

(c) There is on file in the district a statement by a licensed physician and surgeon and the county or district superintendent of schools, or a person designated by such superintendent, that the minor is both:

(1) Safe for being instructed by a home instructor of physically handicapped pupils.

(2) Capable of benefiting from individual instruction or special day class instruction designed to promote the educational and health progress of the minors.

NOTE: Specific authority cited for Article 11: Education Code Sections 6802, 6804, 6874.5.

History:

1. New Article 11 (§§ 3720 through 3725) filed 10–10–69; effective thirtieth day thereafter (Register 69, No. 41).
2. Amendment of subsection (c)(2) filed 2–17–72; effective thirtieth day thereafter (Register 72, No. 8).

3721. Program and Place of Instruction. An eligible drug dependent minor may be enrolled in a program of individual instruction or special day class instruction for the physically handicapped. Individual instruction may be provided in a hospital, clinic or home. Special day class instruction may be provided in a hospital or clinic.

History: 1. Amendment filed 2–17–72: effective thirtieth day thereafter (Register 72, No. 8).

3722. Retention, Transfer, Discharge. Retention, transfer, or discharge of a drug dependent minor from a program of special education shall be made by the county or district superintendent of schools, or a person designated by the superintendent, upon the recommendation of a licensed physician and surgeon. Retention in the special education program beyond one school year may be made only upon the recommendation of a licensed physician and the prior approval of the Superintendent of Public Instruction.

3723. Curriculum. The program of study shall conform as nearly as possible to that in which the minor was enrolled prior to his assignment to individual instruction. The program may be supplemented by counseling, guidance, and other specialized instruction deemed beneficial to the student.

3724. Credential. A teacher who gives individual instructiion to a drug dependent minor shall be a qualified home instructor of physically handicapped pupils.

3725. Apportionments. No school district shall be entitled to receive any apportionment of funds on account of attendance in individual instruction for drug dependent minors unless the district has complied fully with the provisions of this article.

3726. Class Size. The appropriate size (enrollment) for the class of drug dependent minors is 10 pupils. This number may be exceeded only on prior written approval of the State Board of Education.

History: 1. New section filed 2–17–72; effective thirtieth day thereafter (Register 72, No. 8).

G. DRUG DEBILITATED PUPILS

A drug debilitated pupil is one who has not been identified as a drug dependent minor, but whose continued misuse of chemical substances has resulted in dysfunctional behavior at school. In such cases where a pupil is considered as being drug debilitated, each situation should be judged upon the unique circumstances of the particular incident and subsequent actions should be taken with respect for the most desirable outcome for all individuals concerned.

(1) Identification of a drug debilitated pupil may be determined under the following conditions:

(*a*) A pupil with demonstrated dysfunctional behavior at school who may be suspected of continuing drug misuse and abuse should be referred to the Supervisor of Health or other individuals with similar duties as provided for in Sections 11751 and 11753 of the *California Education Code*.

(*b*) The suspected continuing misuse and abuse of drugs may be cause for reviewing an individual's performance at school to determine if his behavior is dysfunctional in relationship to such misuse and abuse.

(*c*) In those cases where the Supervisor of Health, the pupil, or parents request assistance in determining the relationship of dysfunctional behavior to continued drug misuse or abuse, it is desirable to refer such an individual to a multi-disciplinary review committee. Such a group might include a school administrator, a teacher, a school nurse, a school psychologist, a physician, a counselor, or others with relevant areas of expertise.

(2) Medical Referral

(*a*) The drug debilitated pupil may be referred to appropriate medical services to determine if his continuing drug misuse and abuse is the result of drug dependence.

(*b*) A drug debilitated pupil should be referred to appropriate medical services when he appears to be under the influence of drugs while at school and may be in need of immediate medical attention.

(*c*) Policies should be established by each district with regard for the procedures for medical referral of drug debilitated pupils. They should consider the following:

Specific individuals, agencies, organizations, or other facilities which offer appropriate services to which pupils may be referred.

Designation of those persons who may make referrals of drug debilitated pupils.

Procedures regarding the notification and involvement of parents, guardians, or other responsible parties.

(3) Counseling

(*a*) Counseling services provided for drug debilitated pupils should consider each case to be a unique event which should be judged upon the particular circumstances and the needs of the individual.

(*b*) Counseling services should be accessible to drug debilitated pupils and their parents, guardians, or other responsible individuals upon their request.

(*c*) Those assigned to provide counseling services for drug debilitated pupils should possess personal characteristics and qualifications which will encourage communication and effective relationships.

(*d*) Counseling relationships between school personnel and drug debilitated pupils should be consistent with professional, ethical and moral standards and recognize the limitations placed upon confidentiality.

DRUGS, EDUCATION AND CHILDREN[1]

(By Donald A. McCune, Director, California State Drug Education Training Program)

The last few years have seen a deluge of reporting about the rapidly expanding incidence of drug misuse and abuse in our society. Evidence of its epidemic levels is becoming so prevalent that even those with but a casual or passing interest in the phenomenon are willing to cite drug abuse as one of our major problems. The majority of our population, seldom so articulate, are voicing their concerns for the development of programs to reduce this major threat to the physical and mental well-being of our society.

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[1] Reproduced with permission of *Children and Drugs*, Association for Childhood Education International, (1972).

Quite naturally, the involvement of school-age children in this problem has become a focal point for concern. While admittedly we are a drug-oriented society, the skyrocketing number of young people exhibiting psychological or physiological dysfunction as a result of drug involvement has created great urgency for a response. The schools, in their traditional role, have been looked to as one of the chief institutions to reverse this appalling trend. But the schools do not exist in a state of isolation from the communities they serve. Education must reflect the needs of the individual, but it must also draw from the community those resources that can accomplish the goals established for treatment, rehabilitation and prevention of drug abuse. In the same way the family must also accept its share of responsibility if we are to move toward viable solutions. If we marshal the right coordination of efforts from the school, the family and the community into a unified response, we may reasonably expect to exert a significant impact upon drug abuse.

The question of how we may prevent or intervene in the behavior of those experimenting with drugs of abuse—so that they abandon them in favor of healthful, productive alternatives—remains to be fully answered. An infinite number of strategies and approaches have appeared. Each comes with its own logic and rationale. What we gain from this increasing body of techniques and strategies (as they are implemented at the program level) are some very important clues to the basic elements of effective fundamental principles which, when placed upon a framework of cooperative and coordinated programs, hold high potential for ameliorating this societal issue.

DRUG ABUSE: A DECISION

The symptoms of drug abuse are of great concern to everyone and there is no question of the need to provide programs of treatment and rehabilitation for those who reach such a state of involvement. If we are effectively to reduce the numbers reaching this level of need, however, we must focus upon the causes. Many factors are being cited: peer group pressure, curiosity, youthful rebellion, the desire to escape from reality, the allure of expanding or enhancing experiences, accidental situations, the simple pleasure which certain drugs are said to provide the individual. To be sure, these are all sufficient to explain the phenomenon of drug abuse. They serve a more valuable purpose, however, if they are considered as indicators of far deeper problems within the individual that need to be explored more carefully in order to construct comprehensive preventive programs.

One central fact is clear: except for a relatively small number of individuals who become accidentally involved, every case of drug misuse or abuse is a deliberate act. A decision is made by an individual to knowingly use some substance in quantities or for purposes that are not in keeping with legitimate or legal conditions of use. Such behavior has a high-risk potential.

Not only are there dangers from a physiological point of view, but a variety of legal implications and life-style modifications threaten the well-being of the individual. The processes of decision making thus have a direct bearing upon the problem of drug abuse and must be considered as a focal point toward which preventive programs need to be directed.

The making of decisions by an individual as they concern his immediate behavior involves a complex set of variables. At the risk of oversimplifying, we would suggest several concepts particularly relevant to the problem of drug abuse. First, the individual himself will make the ultimate determination of his behavior in those situations in which he has freedom of choice. As parents, educators and community leaders, we may have deep-seated desires to direct or influence the behavioral choices being made by our youth. We use many strategies and techniques to encourage what we believe to be the "proper" or "acceptable" decisions about a wide range of personal behaviors. For the most part, this influence is well intended, and often designed to enculturate the individual so that he will be able to function in society. In the final analysis, however, there are many behaviors which will be determined by no one other than the person performing the behavior. If we accept this premise, ways must be sought to influence the individual in his selection of behaviors by providing him with greater insights into the results of his decisions.

The second major concept appropriate to our consideration of decision making is that decisions about behavior are determined on the basis of the relationship of the perceived rewards and costs. If the costs are seen by the individual as exceeding the anticipated rewards, he will likely avoid that behavoir. But if the perceived rewards seem greater than the costs, he will have little regard for the risks involved. The value judgment applied to a situation by an individal as he considers the reward-cost outcome will determine the nature of the decisions about his behavior. For these reasons, the programs and approaches directed toward the primary level of prevention must consider ways in which the valuing behavior of the individual may be strengthened. We must encourage decision making that holds less risk for the physical and mental well-being of the individual. From the reported epidemic level of drug misuse and abuse we must conclude there are many young persons who are viewing the rewards offered by drugs as exceeding whatever costs they feel the drugs may hold for them.

VALUES AND BEHAVIOR

Dr. Louis Raths,[2] in his discussion of values in his text *Values and Teaching* (1966), proposes that for anything to be of value it must be chosen freely from several alternatives after thoughtful consideration of the consequences of each one. The assumption is made that there will be several alternatives from which to chose, and that some consideration will be given to the consequences. These must be considered as two prime elements in the development of any system of values. It remains to clarify why certain behaviors or life-styles appear to be more attractive to some individuals than to others.

Those working in the field of values or the behavioral sciences are generally willing to accept the notion that attitudes condition behavior. Only by working through attitudinal development and change can desirable behavior to encouraged. Dr. Harold Lasswell has designated eight categories of values, universal to mankind, which provide us with a method of access to the delicate process of attitude formation and modification. The eight categories identified by Lasswell and adapted for education by W. Ray Rucker, Clyde Arnspiger, and Arthur Brodbeck[3] are (1) affection, (2) respect, (3) well-being, (4) enlightenment, (5) rectitude, (6) power, (7) skill and (8) wealth.

A person's feelings about himself with respect to these eight categories will largely determine the choices he will make. When he feels significant deprivation in any one of these categories (or combinations of them, he will be more anxious to pursue some form of behavior he perceives will ameliorate and deprivation and achieve a general feeling of personal satisfaction. The rewards hold the promise of overcoming the costs—hence his increased willingness to become involved in a variety of behaviors with higher personal risk.

So it is apparent we must construct instructional programs and provide experiences that will create within the individual higher levels of self-worth, confidence, knowledge, and personal satisfaction. We must recognize that each individual develops his own system of valuing, which is affected by his perceptions of "self" relative to the value categories described above. Under these conditions, it is reasonable to expect that the valuing behavior of an individual can be influenced to place an emphasis on the more constructive alternatives available to him which are better risks than those associated with such behaviors as drug misuse and abuse.

[illegible] FOR PREVENTION PROBLEMS

It is important to es[illegible] clearly performance objectives for preventive drug education programs. [illegible] in this regard has often doomed well-meaning efforts to failure.

Wanting young people to understand about the danger drugs hold for them simply is not enough. Neither is it realistic to try to convince youth that they should avoid all drugs; we do indeed live in a drug-oriented society. An acceptable an real[illegible] preventive drug education programs is a reduction in the level of misuse and abuse by those of a well-identified target group.

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[2] Raths, Louis E.: Harmin, Merrill; and Simon, Sidney B. *Values and Teaching*, Columbus, Ohio: Charles E. Merrill Publishing Co., 1966

[3] Rucker W. Ray: Arnspiger, V. Clyde: and Brodbeck, Arthur J. *Human Values in Education*. Dubuque, Iowa: Kendall/Hunt, 1971.

This action objective is specific, measurable and states quite simply what we want to see happen. It established clearly the direction for developing programs that utilize a wide variety of techniques and strategies appropriate for the unique situations in which they are to be implemented. The important difference is that they can now be coordinated or articulated into a unified effort.

DRUG EDUCATION AND THE EARLY YEARS

Let us summarize the concepts we have presented and suggest how they are relevant to preschool and early elementary education. We began by proposing the need to focus upon causes of drug abuse rather than symptoms as the basis for preventive programs. Recognizing drug misuse and abuse as the result of a deliberate decision in most cases, we described the decision-making process as a key entry point in determining what action might reasonably be expected to reduce this behavior. Decisions, we saw, are affected both by available information and the valuing judgments made by the individual as he perceives the rewards he stands to gain and the costs he will be likely to incur. Ultimately, this valuing behavior will depend upon the individual's feelings about himself relative to certain categories of values which, under conditions of deprivation, may encourage the selection of behaviors that are of a greater risk. Finally, we suggested a realistic and action-oriented goal to clearly identify the performance that preventive education programs are expected to produce.

The major conclusion is inescapable. Preventive drug education programs that emphasize the development of knowledge appropriate to the age levels and maturity of the child, together with approaches that strengthen his perceptions of self-worth and personal value system, must begin as early as possible. And they must precede the initial experiences of drug misuse and abuse if they are to have deepest impact upon the long-term behavior of the individual.

Information gleaned from a number of sources including student surveys, arrest records, morbidity rates, and the observations of those in the schools and community who encounter drug misuse and abuse in the daily course of their responsibilities, suggests such programs must begin as early as the third grade, or before eight years of age. Ideally we would include the home and certainly the child's first encounter with a formal education program in preschool or kindergarten classes.

It thus follows that those closely involved with the child during these early years must assume major responsibility for providing these experiences. We cannot accept the claim by some working at these levels that there is no need for preventive programs in the homes, in early elementary school classrooms, and in concerned community agencies and organizations. Happily, the above-mentioned preventive principles are being realistically applied in increasing numbers of programs. As experience is gained and as the assessment of the effectiveness of these programs proceeds, hope for successfully reducing this threat to the physical and mental well-being of our youth increases. Unfortunately, societal lag has slowed down the nation's energies. But there is reason to believe that as a result of the attention now being given to drug abuse, solutions will be found that will have broader implications for mankind and his future and that will recognize the uniqueness of each individual and his value to the total society in which he lives.

INTERORGANIZATIONAL CORPORATION IN DRUG EDUCATION PROGRAMS

The problem of drug use is one which pervades every social and economic level of society. The universality of this behavior is demonstrated by the rising priorities which are being assigned this area by public and private agencies, organizations, and interested groups in the communities of the nation. We are observing an increasing level of commitment on the part of wide variety of groups to the solution of the problems of drug use.

The prevention and cure of harmful drug use, demands coordinated effort focused upon causitive factors in the home, school, and community as well as the intervention, treatment, and rehabilitative programs. It is immediately apparent that no one agency or organization can reasonably expect to effect a maximum impact on such a complex problem unless it works cooperatively with other groups sharing in the common concern. The following structure intends to provide an approach to assessing the potential resources of a community and their application to various approaches to drug education programs.

A TYPOLOGY OF ORGANIZATIONS

The search for cooperative organizational support is aided by a scheme designed to systematically classify organizations based upon some mutually exclusive criteria. By defining the prime beneficiary (there may be others) of the organization it is possible to identify various sources of assistance which might otherwise be overlooked. Blau and Scott suggest this prime beneficiary may be defined more specifically as such groups as (1) the members of an organization. (2) the owners or managers, (3) the "public-in-contract," or (4) the public at large.[1] Using this approach the following types of organizations have been defined:

(1) *Mutual-benefit.*—political parties, unions, fraternal associations, clubs, etc., in which the prime beneficiary is the membership of the organization even though they may do many things for the benefit of others.

(2) *Business Concerns.*—retail stories, banks, businesses, and other organizations established to produce a profit. The prime beneficiary in this case is obviously the owner of the establishment.

(3) *Service Organizations.*—social-work agencies, hospitals, mental health clubs, etc., in which the prime beneficiary is the membership of the orga-in direct contact with the organizations.

(4) *Commonwealth Organizations.*—State agencies, policy departments, research organizations, and other such groups concerned with the public at large as the prime beneficiary.

AVAILABLE RESOURCES

The type of resources available for commitment to cooperative programs can best be investigated by describing them with respect to the form they take as they are applied in the drug program. In the final analysis, the allocation of any form of a resource must be considered on the basis of a fiscal expenditure. Its contribution to a drug program will be translated into an action component which enables the program to function.

(1) *Direct Monetary Support*—the direct commitment of funds which are used to meet the financial responsibilities of the program.

(2) *Assignment of Personnel*—instances in which specific personnel are assigned full or part time to the program. Responsibility for these individuals remains with the organization by whom they are employed.

(3) *General Services*—an "in-kind" type of commitm[illegible] which is dependent on the type of organization which is contributing the service. This category will include such items as secretarial and accounting services, custodial assistance, tutorial participation, etc.

(4) *Facilities and Materials*—resources which are concrete in nature and represent an allocation of the donating organization's specific property. In some cases this may be consumable and therefore may be interpreted as direct monetary support. For the purpose of this classification scheme, any consumable material will be considered as being different from budgetary financial support.

INTERORGANIZATIONAL BEHAVIOR

The following basic principles have a direct effect upon the relationships between organizations necessary to produce cooperative action. They should be considered in any plan designed to include the joint efforts of two or more agencies or organizations.

(1) Two or more independent organizations may participate in cooperative programs when some degree of interdependence exists in an area of common concern.

(2) A condition of organization interdependence is established when the actions of one organization effect the maximization of the goals of each organization with regard to the common area of concern.

(3) The development of cooperative programs is achieved through collective agreement reached by organizations through a process of interaction among appropriate representatives of each of the contributing organizations.

(4) Cooperative programs will exist as long as the identity and authority of each participating organization is maintained and they perceive they are maximizing their goals.

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[1] Peter M. Blau and W. Richard Scott, *Formal Organizations* (San Francisco, CA: Chardler Publishing Co., 1962), pp. 42–45.

PROBABLE SOURCES OF COMMUNITY INVOLVEMENT

A recent study of Interorganizational Cooperation in Drug Abuse Education investigated the response of organizations with regard to the type and number of resources committed to cooperative programs.[2] Table 1 describes the distribution patterns and suggests the relative probabilities of obtaining program support. It should be noted that with one exception some response was recorded in each cell of the matrix. This suggests there is a broad source of support in the community which must be reviewed by the leadership of the cooperative programs. The close relationship between the normal functions of an organization or agency and the type and amount of resource being committed is also apparent from Table 1.

TABLE 1.—TYPE AND NUMBER OF RESOURCES COMMITTED TO COOPERATIVE PROGRAMS, BY TYPE OF ORGANIZATION

Type of organization and number of cases	Monetary	Type of resource		Facilities materials	Total
		Personnel	Services		
School districts (25)	9	24	12	17	62
Mutual benefit (5)	2	1	0	5	8
Business concerns (2)	1	1	1	2	5
Service organizations (27)	12	13	8	7	40
Commonwealth organizations (27)	5	15	3	8	31
Total	29	54	24	39	146

SUMMARY

Those planning programs directed toward meeting the challenges raised by drug use must consider the importance of interorganizational cooperation if they are to maximize the outcome of their efforts. No segment of the community can be ignored in the search for resources and inputs which can be applied in the program. Responsible and enlightened leadership will develop these resources as they add to the accomplishment of program objectives. These brief suggestions simply give some direction or method which can be utilized to assure all possible alternatives are considered.

PROGRAMS FOR DRUG EDUCATION[1]

(By Patricia Hill, Consultant in Health Education, Drug Education Task Force, California State Department of Education)

Whenever a problem affecting a large segment of society is recognized, proposed programs designed to solve it appear. The programs may be proposed by government agencies, professional organizations, commercial interests, community groups or individuals. The tendency is for everyone "to get into the act." Such widespread interest in the solution of a societal problem is healthy, and through concerted efforts of diverse groups, progress in solving it often emerges.

But a danger exists in the development of simplistic solutions for any complex problem, in the focus on symptoms rather than on causes, and in the development of a fragmented rather than a comprehensive program.

As concern about drug misuse and abuse has increased, a multitude of *programs* have been developed. These run the gamut from education, research, training, treatment and rehabilitation programs that are sponsored and often funded by governmental agencies at federal, state and local levels; to teaching guides and resource units developed by state and local education agencies and professional associations; from packets of material and teams of speakers sponsored by service clubs and private organizations, to materials such as films, records, booklets and multi-media productions produced and marketed by commercial groups.

Although the list could be expanded many times, it serves to provide examples of the many types of programs available. In this chapter programs at the national level are described in some detail, since they have implications for all areas of the country. One state program is described in detail to indicate the scope of approaches available as well as to describe the extension of federal programs through the state to the local level. A consideration of local programs, plus criteria for such programs, is also included. No attempt is made to describe the many "ready-made" programs available to school districts or community groups. Basic philosophy and specific strategies for development of comprehensive drug education programs are included on pages 38–43.[2]

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[2] Donald A. McCune, *An Analysis of Interorganizational Cooperation in Drug Abuse Programs*. Stanford, CA: Doctoral Dissertation, Stanford University, June, 1971.

[1] From *Children and Drugs*, reprinted with the permission of the Association for Childhood Education International, Washington, D.C. Copyright (c) 1972 by the Association.

PROGRAMS AT THE NATIONAL LEVEL

As the scope of drug abuse in the United States was recognized, federal agencies having responsibilities in this area intensified their programs and other agencies developed programs to try to solve the problem. At first, the programs operated in isolation; however, as the complexity of the problems of drug abuse became evident, the need for coordinated effort became obvious.

In 1970 an Interagency Coordinating Committee was established to bring the agencies together to review and coordinate the various programs. In mid-1971, President Nixon, by Executive Order, established a Special Action Office for Drug Abuse Prevention.

The Director of this office was given responsibility for overall planning and policy setting, and for establishing objectives and priorities for all federal drug abuse training, education, rehabilitation, research, prevention and treatment programs and activities, excluding law enforcement activities. Legislation has been passed by Congress. It gives the Director management authority over many of the major drug abuse programs operated by federal agencies, in addition to the aforementioned overall planning and policy role. The final form of the legislation will undoubtedly have an impact on the type and extent of drug abuse programs operated by these agencies. Thus, current programs may undergo expansion or curtailment and new activities may be established. Persons wishing to keep up-to-date on the focus of federal programs should contact the director of drug education in their state department of education.

It is the purpose of this section to describe briefly current national level drug abuse programs having particular relevance for persons working with children in the elementary grades. No attempt is made to describe all the programs sponsored or operated by federal agencies.

DRUG EDUCATION

The U.S. Office of Education is sponsoring the program that directly affects more schools than any of the other federal programs. It was started in March 1970 when President Nixon announced the creation of the National Drug Education Program in the U.S. Office of Education and released approximately 4 million dollars for it. The operation of the program, which provides for grants to all states and territories, was delegated to state departments of education. Emphasis was on provision for training local teams composed of school personnel, youth and community representatives.

The Drug Abuse Education Act of 1970 (Public Law 91–527) signed into law by President Nixon in December 1970, formalized the program previously established and authorized funding, for three years, for drug education programs. The training program that started early in 1970 was continued, although at a reduced level of funding, and two new programs were initiated. One of the new thrusts provided funds for initiation or expansion of a limited number of pilot programs on college campuses; the other for a limited number of locally-initiated, pilot, comprehensive community drug education programs.

The Drug Abuse Education Act implies that the complex nature of the drug problem makes it impossible for any one group, institution or agency to deal with it adequately. The Act indicates that drug education must be directed at the community and that drug education programs, to be effective, must involve cooperation of many groups in the community, including the schools.

The thrust planned for 1972–73 by the U.S. Office of Education places additional emphasis on community education programs, but provides for the involvement of schools. Tentative plans include the establishment of several training centers located in various areas of the country, which will offer training to community teams. Small stipends will be available to support a team during its period of training. Emphasis will be given to both school and community representation on teams. Plans for 1972–73 also provide for continuation of the programs operated by the state departments of education and for the pilot programs established in colleges and communities in 1971, as long as they continue to meet federal guidelines.

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[2] Reference to the article, "Drugs, Education and Children," by Donald A. McCune. Copies of this article are available from the Drug Education Task Force.

In addition to programs developed through the Drug Abuse Education Act, the U.S. Office of Education, in 1971–72, funded eleven comprehensive drug education programs submitted by local school districts or county education agencies and under provisions of the Elementary and Secondary Education Act. Involvement of the community in the program was required.

DRUG INFORMATION AND MATERIALS

In 1970 a single federal resource, the National Clearinghouse for Drug Abuse Information, was created to serve as a focal point for public inquiries. Operated by the National Institute of Mental Health, the Clearinghouse serves the public through three basic services: publications distribution, computer-based information storage and retrieval, and referrals. Educational materials, selected curricula, bibiographies, film guides and catalogs are available. Single copies are provided without charge; bulk quantities are available at cost from the U.S. Government Printing Office. Data on school, community, local and state government drug abuse programs can be retrieved from a data bank on request. Inquiries of a specialized nature are referred to appropriate federal and non-federal agencies. Request for publications should be directed to *Publications*, National Clearinghouse for Drug Abuse Information, 5600 Fishers Lane, Rockville, Maryland 20852. Inquiries for program information or guidance to available material should be directed to *Information Services* at the same address. Services of the Clearinghouse provide an excellent resource for school personnel.

Late in 1971 the National Institute for Mental Health released a series of films for teacher and parent education entitled "The Social Seminar." Copies have been distributed to each state and are available for use in teacher and community education programs. Related materials such as discussion guides are also available. The Bureau of Narcotics and Dangerous Drugs, U.S. Department of Justice, in addition to its many law enforcement responsibliities, periodically develops and makes available drug education materials. Reference to these is included in listings from the National Clearinghouse.

FUNDING FOR LOCAL PROGRAMS

The Law Enforcement Assistance Agency administers the program established by the Omnibus Crime Control and Safe Streets Act of 1968. Block grants of funds are made to states for funding programs designed to control crime. In several state preventive drug education programs have been so funded. Information on individual state programs is available from a state's department of justice and/or its attorney general's office. The National Institute for Mental Health has funded a number of local school-community drug education programs and a few have been funded by the U.S. Office of Economic Opportunity.

COORDINATION

The National Coordinating Council on Drug Abuse Education formed in 1968 is a private, nonprofit organization working to combat drug abuse through education. Stated purposes of the Council are: to coordinate educational and informational efforts of organizations in the area of drug abuse; to evaluate drug abuse educational programs; to give visibility to effective programs; to evaluate and develop the role of professional and public information in drug abuse education; to stimulate regional, state and local involvement in drug abuse education by establishing interdisciplinary committees to respond to area needs; and to provide leadership in the area of drug abuse information and education. Council membership is open to any interdisciplinary regional, state, or local organization with an interest in the Council's purposes. A publication of the Council, which is entitled *Common Sense Lives Here*, is a comprehensive community guide to drug abuse action.

PROGRAMS AT THE STATE LEVEL

An array of programs to combat drug abuse exists in every state, thus it is impossible to give an accurate picture of all state level activities. Perhaps the only program common to all states is the Drug Education Training Program funded by the U.S. Office of Education, and even that varies in approach from state to state. As noted earlier, this program is operated through the state departments of education and emphasis is on training school-community teams. Use of the "multiplier" effect is recommended in order to reach as many individuals as possible. Federal guidelines require that there be heavy involvement of youth in planning and conducting the programs; there must also be participation of the community as well as an approach to drug education which is integrated into the educational program at all levels and in a wide variety of subjects; and finally there must be an approach which encourages people to come together to explore their attitudes towards drug use and misuse.

CALIFORNIA DRUG EDUCATION TRAINING PROGRAM

As an example of state operation, the California State Department of Education in the 1970–71 school year established a state training team which conducted a five-day workshop for thirty-six individuals selected and organized into six regional teams. Each of these teams conducted a four- to six-day training workshop for individuals selected and organized into sub-regional teams by the State Drug Education Training staff. Through this "multiplier" effect, 171 persons were trained who, in turn, served as trainers. Federal funds allocated to the State Department of Education were used to pay travel expenses for these individuals. Thirty-three subregional teams were trained and each conducted a four-day training session to which the Department of Education invited the local school districts to send teams. At each of the levels, teams were composed of school personnel, youth and community representatives. The general goal for the program was to provide in-depth training in the various dimensions of drug education for teams of individuals who would assume leadership roles in the development, improvement and implementation of drug education programs in schools and communities in California. The philosophy expressed at the training sessions was similar to that contained in Chapter O. During 1970–71, approximately 2,000 individuals from 500 school districts were trained by means of this program.

The 1971–72 program was built on the foundation developed the preceding year. It started by offering six general training programs, similar to those conducted in the prior year, in various areas of the state for districts that did not participate in the 1970–71 program or for districts that wished to send another team. In addition, specialized training programs are being offered for specific groups: one series for counselors, another for curriculum personnel. Training programs are also planned for school nurses, school administrators and school board members in cooperation with their respective professional organizations. Other phases of the 1971–72 California State Drug Education Training Program offer direct consultation to local districts in the planning and development of drug education programs, and the establishment and maintenance of a depository of drug information which includes instructional materials, teaching strategies, drug curricula, sample programs, inservice training systems, selected summaries of research and other relevant items. Information about these materials is disseminated to each school district through annotated reference lists.

STATE INTERAGENCY COUNCILS

Councils or committees have been established in many states to coordinate (in some instances to provide direction for) the multitude of drug abuse programs being undertaken. Some state councils are concerned only with educational efforts; others are concerned with control, treatment and rehabilitation as well.

In California, an Interagency Council on Drug Abuse was formed in late 1968 by representatives of about forty private and public organizations and agencies concerned with drug abuse. It may be unique in that it is cosponsored by the California Medical Association and the state administration and designated as one of the Governor's official advisory groups.

Six task forces comprise the working body of the Council—Education, Treatment, Research, Administration of Justice, Legislation and Government, and Youth. Each sets its own priorities and works in its own way. Three representatives from each task force meet periodically to coordinate activities and to make recommendations in the name of the Council.

The Task Force on Education has, among other activities, developed resolutions on subjects that several member organizations have used with their respective groups, namely, on Educational Policy Determination; the Primary Responsibility of Schools Relative to Drug Education; Desired Characteristics of School

Personnel Involved with Drug Education Responsibilities; Guidelines for Rental, Purchase, and Use of Instructional Materials and Audiovisual Media; a Preventive Orientation to Drug Education (Alternatives). Membership on the Task Force on Education is open to any state-level group involved in drug education and to representatives from local drug education councils and committees.

LOCAL SCHOOL-COMMUNITY COORDINATION

Drug abuse councils or committees, which have been established in many cities and counties, serve a number of purposes. For example, they provide opportunities for groups working on the problem of drug abuse to communicate with one another, to interpret the objectives and scope of their respective programs, to coordinate programs where possible, and to determine where gaps and duplications in services exist. In areas where there are few, if any, community programs, a group of persons concerned about the problem of drug abuse may, by getting together, spark the development of needed programs. Often, school personnel have taken the leadership in bringing such groups together and in pointing out the need for specific services.

In addition to voluntary efforts to coordinate programs, California has enacted legislation requiring counties to develop a coordinated county-wide drug abuse control plan. Prevention, treatment, rehabilitation and education programs are to be included in the plan.

School personnel should become familiar with the various community groups involved in drug abuse programs. In addition to official groups, such as public health and mental health departments and law enforcement agencies, these may include: parent groups, professional organizations such as medical societies, churches, service clubs, fraternal organizations, youth serving groups, newspapers, T.V. and radio stations and numerous voluntary groups. Many of the last operate drop-in centers or "hot lines," keep in close communication with youth in the community, and offer services that the school cannot provide.

Some community groups will shun the school because they consider it "Establishment" and relatively incapable of developing dynamic drug education programs that will make an impact on today's children and youth. Other groups see the school as the one social agency that has access to all young people and thus can provide opportunities for them to examine causes for the abuse of drugs and the risks involved in such abuse, as well as provide current information about drugs. Others see the school as the place to teach facts about drugs, which many adults believe is the single necessary ingredient of a preventive drug education program. So it is important that the school define and interpret its role, including its responsibilities and limitations, and develop, in cooperation with community representatives, a plan for a comprehensive drug education program. In addition to instruction and counseling, such a program should provide for referrals from the school to available community services. Concepts basic to a comprehensive program are included in the previous chapter and a list of criteria for such programs is included at the end of this chapter.

MATERIALS

One problem faced by the schools and other groups involved in drug education is the plethora of audiovisual and written material labeled drug education programs. As in other instructional areas the objectives for each grade level, as well as for the total program, should be determined prior to the selection of resource materials. This is important because community groups, working without the school, sometimes provide materials and speakers that are inappropriate in terms of the instructional objectives of a program. All resource materials should be evaluated carefully for accuracy as well as for their contribution to the program.

CRITERIA FOR SCHOOL-BASED DRUG EDUCATION PROGRAMS

Since drug education programs must be developed to meet local needs, to utilize local resources, and to fit into ongoing school programs, there is no one best drug education program for all situations. However, criteria for effective programs have been identified and are listed here:

Drug education programs to be most effective should:

Be comprehensive in scope—starting at kindergarten and extending through grade 12

Be comprehensive in approach with emphasis on both cognitive and affective areas—what an individual *can* do is based on information, what an individual *will* do is based on motivation

Have clearly stated behavioral objectives—for the total program and for each grade level

Focus on causes of drug misuse and abuse

Be based on local needs relative to the problem of drug misuse and abuse

Provide for ongoing staff training, with involvement of students and community representatives in training sessions

Provide a system of evaluation

Provide for policy statements relative to instruction and counseling as well as to the handling of students suspected of possessing, using, selling drugs

Provide for instruction throughout the school year

Include coverage of alcohol and tobacco along with the other drugs

Provide for effective use of materials and resource people

Promote constructive alternatives to drug misuse and abuse

Place an emphasis on the individual and his interpersonal relationships and activities

Provide for counseling that is accessible to students

Include a referral system for students in need of counseling (which is beyond the scope of the school), treatment and rehabilitation

Provide for parent/adult education

FRAMEWORK FOR HEALTH INSTRUCTION IN CALIFORNIA PUBLIC SCHOOLS,[1] KINDERGARTEN THROUGH GRADE TWELVE

Introduction[2]

This *Framework for Health Instruction in California Public Schools* has been developed to assist school district personnel in planning their own sequential program of health instruction, kindergarten through grade twelve. The document is not a course of study. Rather, it is to be used as a guide for local curriculum development. Therefore, learning opportunities, methods of instruction, and suggested resources are not included in this publication.

To assist the reader, information in the introduction is divided into three parts: (1) points of view concerning health and health education; (2) the development of the *Framework;* and (3) the format and use of the *Framework.*[2]

Format and use of the Framework

The *Framework for Health Instruction in California Public Schools* organizes material in ten content areas, with an overview, major concepts, grade-level concepts, suggested behavioral objectives, and suggested examples of content for each of these areas.

It is recognized that a review of the concepts, objectives, and content covered at earlier grade levels is desirable and necessary. Such a review has not been built into this publication but has been left to the discretion of individual school districts.

OVERVIEWS

The overviews serve to orient district personnel to the essential information included in the ten content areas. In each instance, the overview contains a brief description of the content area and indicates the major problems upon which the area was developed. Relationships to other health areas and subject-matter fields are also presented.

MAJOR CONCEPTS

Major concepts are the big ideas that should be emphasized in each content area. They serve as focal points for classroom instruction and provide continuity and sequence in the instructional program through the four educational levels (primary, intermediate, junior high, and senior high). Several major concepts have been identified for each content area.

GRADE-LEVEL CONCEPTS

Grade-level concepts are the big ideas within a major concept and are stated for each educational level (primary, intermediate, junior high, and senior high). These concepts are guides to competencies that are to be demonstrated by learners at the various educational levels.

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[1] Adopted by California State Board of Education. Published October 1970.

[2] Excerpts from Introduction with emphasis on material related to format and use.

EXAMPLES OF BEHAVIORAL OBJECTIVES

Examples of behavioral objectives have been identified for each grade-level concept. The objectives suggest content to be taught and the cognitive behavior to be sought in the learner. They provide specific illustrations of ways in which learners may demonstrate competencies. Although the objectives have been stated only in terms of cognition, it is felt that the cognitive skills attained by the student will favorably influence his health attitudes and practices. The objectives are stated in behavioral terms even though they do not contain the specificity desired by some curriculum specialists. No attempt has been made to identify and to present an exhaustive list of behavioral objectives relative to the grade-level concepts. School district personnel should expand or revise the objectives to meet the needs of their students.

EXAMPLES OF CONTENT

Suggested examples of content have been included for all objectives. These examples are intended to help classify the content specified in the objectives. School district personnel should elaborate on the specific content to be included.

Major Concepts for Content Areas

Following are the major concepts or big ideas that provide organization of the body of knowledge for each of the ten content areas in the *Framework*. Concepts for each of the four educational levels (primary, intermediate, junior high, senior high) are built upon the major concepts. In general, the first major concept listed under each area heading relates to the total health of the individual; the other major concepts relate to specific aspects of the content area. The Roman numbering system is used to indicate interrelationships among concepts in the various content areas, not to designate priorities in emphasis.

1. Consumer health

I. To maintain health requires effort, time, and money; but failure to maintain health is detrimental and more costly.

II. Scientific knowledge and understanding are bases for effective evaluation, selection, and utilization of health information, products, and services.

III. Self-diagnosis and self-treatment may be dangerous to an individual.

IV. Quackery and faddism raise false hopes, delay proper medical attention, and cause financial waste.

2. Mental-emotional health

I. Mental health is influenced by the interrelationship of biological and environmental, including cultural, factors.

II. Developing and maintaining optimal mental health include understanding oneself and others.

III. Stress, an unavoidable product of our culture, can be either productive or detrimental to man.

IV. Maladjustive behavior varies in its impact on the individual and society.

V. Qualified help is available for those with maladjustive behavior.

3. Drug use and misuse

I. When used properly, drugs are beneficial to mankind.

II. Many factors influence the misuse of drugs.

III. Tobacco is harmful; and alcohol and other drugs, if misused, are harmful to the individual and to society.

IV. The individual and society need to accept responsibility for preventing the misuse of tobacco, alcohol, and other drugs.

4. Family health

I. The family and its members exert a significant influence on one another.

II. Human masculinity and femininity are determined by biological, emotional, and social factors.

III. Effective preparation, the ability to adjust, and respect for and understanding of one's marriage partner tend to produce successful marriages.

IV. Persons may function more effectively in their roles as males or females when they understand each other and understand that reproduction is a normal process.

V. Family planning may help to improve the health of family members.

5. Oral health, vision, and hearing

I. Neglect of oral health affects individuals of all ages.

II. Most oral disorders can be prevented.

III. Oral disorders can be treated.
IV. Most disorders of vision and hearing, which may occur at any age, can be prevented or treated and corrected.

6. Nutrition

I. Nutrition is important in the everyday functioning of an individual.
II. Individuals throughout life require the same nutrients but in varying amounts.
III. Food processing and preparation influence the nutritional value and safety of foods.
IV. Nutrition is a significant factor in weight control.
V. Dietary fads and misconceptions can be detrimental to health.

7. Exercise, rest, and posture

I. Physical fitness is one important component of total health.
II. A balanced program of exercise and rest contributes to fitness.
III. Posture affects appearance and body function.

8. Diseases and disorders

I. The occurrence and distribution of diseases and disorders are affected by man's heredity and environment.
II. Diseases and disorders have both a personal and an economic effect upon individuals and society.
III. There is variation in the extent to which diseases and disorders can be prevented and controlled.

9. Environmental health hazards

I. An individual's environment, including aesthetic characteristics, influences his total health.
II. There are ever-changing health hazards in man's environment.
III. The potential for accidents exists everywhere in man's environment.
IV. Individuals should be prepared to act effectively in case of accidents.
V. Maintaining a healthful and safe environment is the responsibility of the individual, the family, and society.

10. Community health resources

I. Utilization of community health resources benefits the health of the individual and the community.
II. The health of the community is a shared responsibility of the individual and the community.
III. Nations need to cooperate with one another to identify and solve international health problems.
IV. A variety of opportunities exist for careers in the health sciences.

DRUG USE AND MISUSE[1]—OVERVIEW

When drugs are properly used, they are a benefit to mankind. In this content area, consideration is given to both the values of positive use of drugs and the dangers of misuse of drugs. Major concepts deal with the benefits of drugs; factors that influence drug misuse; harmful effects of tobacco, alcohol, and other drugs; and the responsibility of the individual and society in preventing drug misuse.

A major outcome of instruction in this area should be the realization that an individual can live a full and productive life without misusing drugs.

The major problems of drug use and misuse, upon which the development of this content area has been based, include the following:

(1) Failure to accept individual responsibility for control of the use of stimulants, depressants, and other substances;
(2) Misuse of stimulants and depressants and other substances;
(3) Drug dependence—alcoholism, addiction to narcotics and barbituates, dependence upon tobacco, amphetamines, and hallucinogens;
(4) Immediate and long-range effects on health;
(5) Failure to control the source of supply.

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[1] NOTE: This is one of ten content areas in the *Framework for Health Instruction in California Public Schools*, California State Department of Education, October 1970. Please note interrelationships with other content areas and refer to the attached excerpts from the Introduction for an explanation of the format.

CORRELATION WITH OTHER SUBJECT AREAS

Selected content in the area of drug use and misuse can be correlated most effectively with biological sciences, physical sciences, social sciences, and physical education.

INTERRELATIONSHIPS BETWEEN DRUG USE AND MISUSE AND OTHER HEALTH AREAS IN THIS FRAMEWORK

Consumer Health: II—intermediate, junior high; III—junior high.
Mental-Emotional Health: V—senior high.
Family Health: IV—senior high.
Nutrition: V—senior high.
Diseases and Disorders: III—intermediate.
Environmental Health Hazards: III—senior high.
Community Health Resources: I—senior high.

DRUG USE AND MISUSE

Major concept	Primary level	Intermediate level
I—When used properly, drugs are beneficial to mankind.	Grade-level concept: Medicines are helpful for maintaining health. Objective: Tells how medicines may be beneficial. Content: (1) prevent infection, (2) relieve pain, (3) control coughs, (4) ease upset stomach. Objective: Discusses why medicine should be taken under supervision of parent as prescribed or recommended by a physician or a dentist. Content: (1) the correct drug for illness; (2) proper dosage; (3) proper frequency of use.	Grade-level concept: Drugs with different properties are prescribed for medical use. Objective: Gives examples of different forms in which common medicines may be taken. Content: (1) pill—aspirin; (2) injection—penicillin; (3) liquid—cough medicine; (4) capsule—antihistamine. Objective: Tells differences between prescription and nonprescription drugs. Content: (1) prescription drugs are prescribed by a doctor or a dentist; (2) nonprescription drugs are sold over the counter; (3) more rigid controls are needed for the manufacture and sale of prescription drugs; (4) prescription drugs are generally more potent; (5) nonprescription drugs are intended usually for minor ailments of short duration.
II—Many factors influence the misuse of drugs.	Grade-level concept: A variety of conditions contribute to the misuse of medicines. Objective: Discusses conditions under which a person might take the wrong medicine. Content: (1) not reading the label; (2) taking medicines in the dark; (3) accepting substances from strangers; (4) using another person's medicine; (5) taking more than the prescribed dose; (6) taking medicine from an unlabeled bottle.	Grade-level concept: Misuse of drugs often starts early in life. Objective: Explains why misuse of drugs often starts early in life. Content: (1) being motivated by curiosity, (2) imitating adults; (3) using accidentally; (4) being influenced by other users; (5) acting on a dare; (6) experimenting. Objective: Summarizes examples of the misuse of drugs. Content: (1) uses medicines prescribed for another person; (2) takes more than the prescribed or recommended amount; (3) does not follow a prescribed or recommended time schedule; (4) uses nonprescription drugs indiscriminately; (5) takes drugs for "kicks."
III—Tobacco is harmful; and alcohol and other drugs, if misused, are harmful to the individual and to society.	Grade-level concept: Some substances that are commonly used can be harmful if misused. Objective: Identifies substances that can be harmful if misused. Content: (1) cola drinks; (2) tea and coffee; (3) alcohol; (4) medicines (aspirin, vitamins, diet pills, antibiotics, antihistamine).	Grade-level concept: Individuals react differently to the chemicals contained in tobacco, alcohol, and other drugs. Objective: Cites individual differences that cause people to react differently to drugs. Content: (1) bodily size; (2) sensitivity; (3) metabolism. Objective: Describes individual reactions to drugs. Content: (1) may become psychologically dependent; (2) may become physiologically dependent; (3) may have drug reaction-sensitivity; (4) may lose control of behavior.
IV—The individual and society need to accept responsibility for preventing the misuse of tobacco, alcohol, and other drugs.	Grade-level concept: Each person must treat medicines and other substances with respect. Objective: Cites ways in which the individual shows his respect for drugs. Content: (1) uses only when necessary; (2) takes only in recommended amounts and at recommended times; (3) takes only under supervision.	Grade-level concept: Personal goals and practices established early in life can help one to avoid the misuse of drugs. Objective: Discusses the values of personal goals and practices in avoiding the misuse of drugs. Content: (1) self-respect; (2) respect for one's body; (3) healthy standards of behavior; (4) sound personal decisions.

Note: Objectives and content are intended as examples only.

FRAMEWORK FOR HEALTH INSTRUCTION, IN CALIFORNIA PUBLIC SCHOOLS, KINDERGARTEN THROUGH GRADE TWELVE

Adopted by the CALIFORNIA STATE BOARD OF EDUCATION
Prepared by:
John T. Fodor, Professor of Health Science, San Fernando Valley State College;
Ben C. Gmur, Professor of Health Science and Safety Studies, California State College, Los Angeles;
Wilfred C. Sutton, Professor of Health Sciences, San Fernando Valley State College; Codirectors of the Health Framework Project.
Coordinated by:
Patricia J. Hill, Consultant in School Health Education, California State Department of Education.

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION

A STUDY OF MORE HARMFUL EFFECTIVE EDUCATION RELATIVE TO NARCOTICS, OTHER HARMFUL DRUGS, AND HALLUCINOGENIC SUBSTANCES

The California State Department of Education, in cooperation with the State Department of Public Health, was given the task of conducting a study of more effective drug education under a legislative mandate established in chapter 1629 of the Statutes of 1967. The points listed below summarize the conclusions presented in a portion of the study completed in 1970 and included in the third annual progress report of the research. This information resulted from a survey of approximately 4,000 students as well as a wide variety of other imputs. These include reviewing other significant studies, surveying numerous programs in local school districts and communities, and interviews with individuals and organizations having recognized leadership responsibilities for drug education.

1. The primary function of the school drug education is the development and implementation of programs that are preventive in design.
2. Schools must share responsibility with other agencies and organizations for programs that focus upon intervention, treatment, and rehabilitation.
3. Effective preventive programs of drug education include a variety of approaches and, in general, work as follows:
   a. Recognize drug misuse and abuse as symptoms and focus upon the causes of behavior.
   b. Begin at the earliest grade level in the school with appropriate factual information adjusted to the readiness of the student.
   c. Place an emphasis on the individual and his interpersonal relationships and activities.
   d. Approach drug education as an ongoing program throughout the school year.
   e. Provide alternative behavior patterns for the student.
4. A wide variety of persons can be used in an instructional role. Each situation must determine the most appropriate personnel for its specific needs.
5. No one program of drug education appears to produce significantly better results than any other program evaluated in this study.
6. There is a great need for trained personnel to provide leadership in this area for school districts and communities.
7. An effective system for the dissemination of drug research data and information is needed in the state.

CALIFORNIA STATE DEPARTMENT OF EDUCATION, DRUG EDUCATION TASK FORCE

Basic Considerations Relating to Drug Abuse Education

COMMUNITY-WIDE PLANNING

Drug abuse in the school-age population is being increasingly recognized as a complex phenomenon stemming from a multiplicity of causes. Some of these causes are engendered in the home, some in the school, and some in the community. Because of its complexity, drug abuse is not likely to be either prevented or cured by simplistic approaches. Its prevention and cure, if indeed possible, demand a coordinated attack upon the causative factors in the home, school, and community. The role of the school is thus intertwined with that of home and community, and program planning in the school should involve representatives of the various elements in the community concerned with drug abuse (parents, physicians, police, judges, etc.) as well as school personnel and articulate students. Including students in program planning is of paramount importance.

PROGRAM DIVERSITY

Just as there are individual differences among students in a school, so there are individual differences among schools in a community and communities in the state. There are also variations in the drug abuse problem in various areas of the state. Hence there is no one best drug abuse program with universal applicability to all situations. Program development should start on the local level (though it may be instigated and facilitated by county or state) and proceed along lines best suited to local needs and resources. Within this framework of diversity certain common elements, nevertheless, apply. Some of these are summarized below.

GOALS FOR DRUG EDUCATION

Presumably a common overall goal for drug education programs is the minimization of drug abuse among young people. Obviously this will not be attained merely by instituting instruction about drugs in our schools, although such instruction is the core of the school program. Nor will it be attained merely by introducing extrinsic programs into the school, although many such programs are available. Its attainment demands a commitment on the part of community, parents, school personnel, and responsible students to attack the underlying causes of drug abuse as these are identified in a given situation.

INSTRUCTIONAL PROGRAMS

Instructional programs about drugs are like instructional programs in other fields in that they require well-prepared teachers, a well-planned program of instruction, adequate time in the curriculum, carefully selected materials, and the use of appropriate resources. They differ from many instructional programs in their stress on attitude formation behavior change. Thus providing information to young people is questionable—and may indeed be dangerous—unless at the same time attempts are made through educational leadership to develop attitudes and establish practices in conformity with program objectives. Success in an instructional program is thus measured not in terms of knowledge transmitted to students, but rather in terms of critical thinking induced in students and enlightened decisions and personal commitments made by students.

PLACEMENT IN CURRICULUM

Despite the urgency of the drug abuse problem in some areas of the state, the "crash program" (extrinsic, one-dimensional, short-term, or assembly-type program) is questionable because it may serve as a substitute for a carefully planned attack on basic causative factors. Rather than increasing the fragmentation of the curriculum through making emergency provision for drug abuse education, many schools are placing drug abuse education—along with smoking education, alcohol education, consumer education, and safety education—within the total context of health education and are making adequate provision within the curriculum for this subject.

TEACHER SELECTION

The placement of drug abuse education within any context will be successful insofar as the teacher selected can relate to and communicate with his students. The teacher assigned to drug abuse education should be well grounded in the physiological, psychological, and social foundations of drug abuse, as well as in educational methods and techniques designed to effect desirable attitudinal and behavioral outcomes. The teacher should also be cognizant of community resources and selective in their utilization. The special competencies of medical, law enforcement, correctional, and other community personnel with specialized experience in the field can probably be more effectively used in teacher preparation than in classroom instruction.

INSTRUCTIONAL FOCUS

It is a widely accepted principle that drug abuse education should present the truth and deal in facts rather than in scare tactics, preaching, or indoctrination. But facts about *people* are no less important than facts about *drugs*. (Drugs are merely the instruments whereby some persons seek to solve personal problems.) Therefore the focus of instruction should be as much upon the emotional and social components of drug abuse as upon the physiological, and instruction should be considered adequate only if it promotes self-understanding and prompts constructive self-direction among young people.

GRADE PLACEMENT

Although the significant beginning of drug abuse is associated with early adolescence, considerable experimentation with drugs appears to occur at an earlier age, and the psychosocial foundations of drug abuse are likely to have been established earlier still, possibly in infancy or early childhood. Therefore drug abuse education must be viewed as a total program which starts in the primary grades and is continued as a planned sequential program through grade 12. (See *Framework for Health Instruction in California Public Schools*, California State Department of Education, 1970.)

A TOTAL POSITIVE APPROACH

The abuse of drugs constitutes a negative and essentially destructive approach to life. Education, on the other hand, has long been dedicated to the advancement of positive and essentially constructive goals. Therefore any aspect of the school experience that promotes the goals of education promotes at the same time the goals of drug abuse education. Drug abuse education programs should capitalize upon the great potential inherent in the total school program for fortifying young people against drug abuse. Schools might well examine portion of their curriculum and their extracurricular activities with a view toward enhancing their potential in the prevention of drug abuse.

EVALUATION

Drug education programs must be designed to meet carefully selected performance objectives which are directly related to the program's overall goals. Evaluation is therefore an inherent and essential component which must be built into all drug abuse education programs on a continuing basis. The systematic monitoring of accomplishments will enable those responsible for program management to adjust strategies, activities, and techniques in view of relative strengths and weaknesses. The setting of short and intermediate goals and objectives permits the evaluation process to respond to the immediate needs for accountability while moving toward the long range outcomes.

California State Department of Education, Bureau of Health Education, Physical Education, Athletics, and Recreation

SELECTED EXAMPLES OF A VARIETY OF APPROACHES TO DRUG EDUCATION FOUND IN CALIFORNIA SCHOOL DISTRICTS

Group Counseling (San Diego City Unified School District)

Several teachers were selected and given in-depth preparation for drug abuse education. These teachers go from school to school, each one meeting with a small group of eighth-grade students in an informal group-discussion situation. After four days with a group, the teacher is available on a fifth day for individual counseling with students. This approach is part of the total San Diego City Schools curricular program which is based on a scope-and-sequence plan extending from elementary through high school. These well qualified teachers serve as resource persons for teachers and for group presentations at the Senior high and upper elementary levels.

Peer Influence (San Francisco City Unified School District)

Acting on the belief that young people are more likely to be influenced by other young people than by their parents or teachers, this district provides for a selected group of secondary students, including those who have had extensive subjective experiences with substances of abuse, to visit community agencies and to talk with personnel (medical, law enforcement, judicial, rehabilitation, etc.) who handle young people who have problems leading to or caused by drug misuse and abuse. These students then serve as sources of information on drug misuse among their classmates as well as the younger students in nearby junior high schools and upper elementary grades. They serve primarily as discussion group leaders in the classroom setting. This is one portion of the school district-community program which includes discussion leaders from the Barristers' Club, Medical Society, Police Department, and non tax-supported agencies in a concerted effort to prepare teachers and parents to understand and assist with preventive education related to drug misuse behavior patterns.

A Total Health Curriculum (East Whittier City School District)

Using a system approach to the development of educational objectives, representatives from the community, parents, teachers and school administration have identified specific objectives for a total health science program in grades K–8. One element of the health science program is the area of drug use and misuse but objectives on narcotics and dangerous drugs are not limited to this program element only. Other drugs abuse objectives are interlaced throughout the total health science program in such elements as mental and emotional health, diseases and disorders community health resources, safety and first aid, consumer health, environmental health, personal health, and nutrition. The program consists of a series of classroom learning experiences designed to help the pupil reach a specified objective for his maturity level. Measurement instruments are in the process of being developed which will be used to measure progress toward these objectives which include all three domains, cognitive, affective, and action. The program is designed at three maturity levels encompassing grades K–8.

Parent-Youth Counseling (Continela Union High School District)

The most important objective of this program is to afford the student drug offender the opportunity of remaining within the regular high school setting. When the student's drug problem is identified, the parents and the student must attend an in-depth interview conducted by the Director of the District's Office of Narcotic Education Resources. This interview explores environmental factors and the extent of the youth involvement with drugs. An evaluation and recommendation is forwarded to the school principal for positive action regarding the placement of the student in his regular high school, another high school in the district, or assignment to the district continuation school. Required attendance in group counseling sessions is a part of the agreement to retain the student in the school district.

The prevention phase of this program is presented in two week segments at the 10th grade level. Although the curriculum is concerned with drugs, the drugs themselves are not the focus point of the instruction. Initially, the students' knowledge and understandings of the complexities and multiple effects of drug abuse and misuse are determined. This is followed by an attempt to enlarge upon the students' awareness of the dangers of the misuse of drugs by considering the total and long range effects brought about by drug abuse upon the individual and society.

An Early Approach (South Bay Union Elementary School District)

This district has been a pioneer in the development of preventive drug education through a program which begins in kindergarten and continues throughout the child's elementary school experience. Drug education is considered part of a total health and safety program and includes concept-building, value development, and information dissemination. The curriculum concentrates in developing a respect for a healthy body, presenting a clear picture of the beneficial use of drugs as well as their dangers and helping the pupils to develop the techniques of valuing and decisionmaking by learning to weigh the consequences of their actions in terms of their effect on themselves and others. One major objective is to prepare the pupil to live and function in a drug oriented society without becoming involved with the misuse and abuse of drugs.

Multi-Media (ABC, Bellflower, Downey, and Norwalk-La Mirada City Unified School Districts)

"Impact Plus Two" is a program for fifth or sixth grade students which (1) begins with an "Impact Day" on which the students are shown a locally-developed multi-media program and involved in the group decision-making situations and (2) includes a two-week classroom instructional follow-up program. The students' Booklet "The Choice Is Yours", is specially written for this age level. Other features included are: teacher training, parent booklet, and "Impact Night" for parents. A sequel is the seventh and eighth grade program, "Why", which is designed to place emphasis on why people abuse drugs. The unit begins with a multi-media presentation-narrated by adolescents. Teachers prepare their students several days prior to this and then follow-up for two weeks with specially written booklets. In-service training and parent information are features of this program. "Aware", an entirely different program for high school students, is being developed for 1971–72. Coordinated by the Office of Community Services of Cerritos College.

Intervention Counseling (Campbell Union High School District)

A unique program which provides counseling for students placed in juvenile hall. Cooperative arrangements have been established with the local police department to inform the student's regular school counselor of his apprehension. Counseling service is begun by school personnel while the student is still in custody. Parent discussion groups and other community awareness and involvement programs have been utilized to gain support for providing help for those involved with drugs. Drug education in the school's program is introduced as it relates to the total health curriculum and is not isolated in separate units.

Instructional Television (Pasadena Unified School District)

Working under a Title III ESEA grant this district is producing instructional television programs as part of a total K–12 health education curriculum. Because of the urgency of the drug abuse problem, programs in this area are the first to be prepared. Seven programs on drug use and misuse for eighth grade have been produced and three have been produced for the sixth grade. These are accompanied by teacher guides and illustrated student materials.

School-Community Cooperation (Los Angeles City Unified School District)

A District-wide Drug Abuse Council determines the needs and develops recommended programs for the District. The Council is composed of forty-five members who represent teachers and administrators from all school levels, secondary and adult school students, administrative offices staff, and key community organizations and governmental agencies. The Council serves as a clearinghouse of information regarding successful teaching and control techniques and referral resources, evaluates new proposals and activities in the areas of instruction, control, and rehabilitation, and serves as an advisory body to Zone Superintendents and administrative offices personnel. The Administrative Guidelines Committee of the Council prepared the booklet on "Drug Abuse Control" to assist school personnel in the development of an effective program for the alleviation of drug abuse problems on the local school level.

Student-Identified Drug Counselors (Palo Alto Unified School District)

Each secondary school has a special drug cadre composed of teachers, administrators, psychologists, and counselors—personnel the students have identified as persons they trust and can communicate without fear of reprisal. Cadre members have been involved in various courses, workshops, and in-service training programs to help them become more knowledgeable about the drug culture. Cadre members are free to respond to students' needs in the most effective manner possible and release time is available to them on a moment's notice in case students require their help during a regular school day.

A wide variety of efforts have been made to inform and involve parents through special programs and adult education courses. P.T.A. President and unit Family Life Education Chairman receive drug information periodically from the District's Family Life Education Office for distribution to all parents.

Student Centered Curriculum Organization (Coronado Unified School District)

Using the Carney RISK TAKING ATTITUDINAL QUESTIONNAIRE which, with a high degree of accuracy, identifies *potential* high risk behavior, staff and teachers relate the results to the deprivation or/and enhancement of eight universal values (Lasswell) which then indicate the thrust of each teacher's approach during the ensuing school term. Using the "valuing-sharing" technique taught in in-service workshops, conducted by the University of California, teachers in all grade levels, subjects and disciplines develop cognitive materials concerning behavior (drugs and dangerous substances being an important part, but not the entire emphasis) and blend this with the affective domain ("values", attitudes, responsibility, decision-making) so as to make each class personalized and relevant to each student. To determine progress each part of the educational phases is evaluated with special instrumentation developed for the process and for which training is given in the workshops. Lastly, a multi-phase community-parent informational and training program is operated through the combined efforts of the school district and the city council and officers—again working with youth at each step. Special workshops for "Resource Teachers" (district school nurses) and counsellors is part of the program.

CALIFORNIA STATE DEPARTMENT OF EDUCATION

DRUG EDUCATION TASK FORCE

Objectives and Summary of Work Plan for 1971–72

Dr. Wilson Riles, State Superintendent of Public Instruction, established preventive drug education as one of his eight major priorities for 1971–72 and formed a Drug Education Task Force in the Department effective July 1, 1971. The continuation of the federally funded State Drug Education Training Program is incorporated into the work of the Task Force.

Following are the four objectives established by the Task Force for 1971–72 and a summary of the work plan for each.

1. To provide direct consultation or other forms of assistance to local school districts and county school offices which will lead to the modification or development of drug education programs to meet criteria established by the Department.

   1.1 To accomplish the above the Task Force will: develop criteria for drug education programs at elementary, junior high and senior high school levels; make a survey of school districts and county superintendents of schools offices to determine the type of assistance needed; develop criteria on which to base selection of districts and county offices to be served; provide consultation; develop and apply a plan for follow-up to document modification or development of programs as a result of consultation.

2. To establish prior to December 1, 1971, a depository of drug information including instructional materials, teaching strategies, drug curricula, sample programs, inservice training ssytems, summaries of research, and other relevant items with subsequent dissemination of information concerning these materials to every California public school district no less than two times during the balance of the 1971–72 fiscal year.

   2.1 To accomplish the above the Task Force will: develop a system for organizing and cataloging materials; establish criteria for selection of materials; select and order materials; review and annotate selected material; develop and inaugurate a system for dissemination of annotated reference lists of materials to all districts on a periodic basis; coordinate Department depository with other systems such as ERIC.

3. To plan and to implement drug education workshops and training sessions for parents, youth, school and community personnel within each of the six regions of the state established by the State Drug Education Training Program in 1970–71. (Note: Some training will be general in nature and focus on preparation of leadership personnel for school/community programs; some will be specific in nature and focus on specialized groups such as youth, school, board members, school nurses, curriculum development specialists.)

   3.1 To accomplish the above the Task Force will: identify groups for which training will be offered; identify auxiliary training systems through which some of the training may be offered; select trainers; organize and conduct regional training sessions; develop and utilize assessment instruments; participate in the planning and conduct of (1) inservice drug education programs scheduled by local districts and county offices of education and (2) community education programs; establish and utilize a flow system to record data relative to the training session.

4. To instigate or to participate in coordination activities and cooperative efforts in drug education with other statewide agencies, organizations, or interested groups with a view toward augmenting Department resources in reaching Task Force objectives.

   4.1 To accomplish the above the Task Force will: identify statewide agencies, organizations and groups involved in programs related to drug education and maintain a current roster of such groups; establish a communication system with such groups for the purpose of sharing priorities, program directions, and other relevant information; utilize resources such as personnel, materials, facilities, equipment available through other statewide agencies, organizations and groups concerned with drug education.

CALIFORNIA STATE DEPARTMENT OF EDUCATION

DRUG EDUCATION TASK FORCE 1972–73 OBJECTIVES

The Drug Education Task Force established by Dr. Wilson Riles, State Superintendent of Public Instruction, enters its second and final year of work commencing July 1, 1972. It continues a parallel course of activities with those of the California Drug Education Training Program funded through the U.S. Office of Education and conducted by the State Department of Education. Underlying the following objectives are the preparations for the final report and recommendations of the Task Force which will be presented to Dr. Riles and the State Board of Education.

1. To provide direct consultation or other forms of assistance to local school districts and county school offices which will lead to the modification or development of drug education programs to meet criteria established by the Department.

1.1 To accomplish the above the Task Force will: refine criteria for drug education programs at elementary, junior high and senior high school levels; provide consultation to school districts selected on the basis of criteria developed during 1971–72; develop and apply a plan for follow-up to document modification or development of programs as a result of consultation.

2. Continue development and operation of a depository of drug information which includes instructional materials, teaching strategies, drug curricula, sample programs, inservice training systems, summaries of research, and other relevant items with dissemination of information concerning these materials to every California public school district no less than three times during the 1972 fiscal year.

2.1 To accomplish the above the Task Force will: organize and catalogue newly received materials; select and order materials; review and annotate selected items; prepare information about items in the depository for dissemination; coordinate the Department depository with other drug information systems.

3. To plan and to implement drug education workshops and training sessions for parents, youth, school and community personnel within each of the six regions of the State established by the State Drug Education Training Program in 1970–71. (Note: Some training will be general in nature and focus on preparation of leadership personnel for school/community programs; some will be specific in nature and focus on specialized groups such as youth, school, board members, school nurses, curriculum development specialists.)

3.1 To accomplish the above the Task Force will: identify groups for which training will be offered; identify auxiliary training systems through which some of the training may be offered; select trainers; organize and conduct state and regional training sessions; develop and utilize assessment instruments; participate in the planning and conduct of (1) inservice drug education programs scheduled by local districts and county offices of education and (2) community education programs; establish and utilize a flow system to record data relative to the training session.

4. To instigate or to participate in coordination activities and cooperative efforts in drug education with other statewide agencies, organizations, or interested groups with a view toward augmenting Department resources in reaching Task Force objectives.

4.1 To accomplish the above the Task Force will: identify statewide agencies, organizations and groups involved in programs related to drug education and maintain a current roster of such groups; establish a communication system with such groups for the purpose of sharing priorities, program directions, and other relevant information; utilize resources such as personnel, materials, facilities, equipment available through other statewide agencies, organizations and groups concerned with drug education.

Clarification of these objectives or answers to specific questions regarding the related workplans may be directed to Dr. Donald A. McCune, Task Force Manager, 721 Capitol Mall, Sacramento 95814, (916) 445–0772.

UNITED NATIONS EDUCATIONAL SCIENTIFIC AND CULTURAL ORGANIZATION MEETING ON EDUCATION IN MORE-DEVELOPED COUNTRIES TO PREVENT DRUG ABUSE

Unesco Headquarters, Paris, December 11–20, 1972

THE NEW GENERATION DRUG EDUCATION PROGRAMS

(By Donald A. McCune, Ed.D., Director, Drug Education Training Program, California State Department of Education)

THE NEW GENERATION DRUG EDUCATION PROGRAMS

The abuse of drugs is not a new phenonemon in American society. The history of the United States records a number of instances where the problem of drug abuse has surfaced requiring some form of response in order to diminish the impact upon the well-being of the individual or society as a whole. Traditionally, the responses to these concerns have varied in the philosophical approach taken and the intensity with which they have been applied.

Perhaps the most familiar and widespread technique used to prevent drug abuse has been the law enforcement approach. Under the terms of this legal model the threat of criminalization, imprisonment, or other forms of social punishment constitute the primary deterrent to drug abuse. This approach is generally focused upon the drug abuser and those who supply dangerous and restricted substances under illicit conditions. A second approach, which is somewhat less accepted though commonly used, is one which centers on the non-user, the experimenter, or social and recreational user. This is the medical model which defines drug abuse as an illness requiring treatment rather than punishment. Under the terms of this model it is assumed the prospect of serious physical and/or psychological implications resulting from the abuse of drugs will serve as an effective deterrent to the initiation of the practice of drug abuse or the progressive abuse of such substances.

While these approaches are undoubtedly valid for a number of individuals, they have obviously proven to be inadequate with respect to their ability to influence a significantly large portion of society who have to some degree become involved with drug abuse. The questions which remain to be answered ask why these traditional approaches have had limited success and what the bases are for new efforts which may hold greater promise with regard to deterring the abuse of drugs in the general population.

DRUG EDUCATION

Invariably, social problems such as drug abuse are assigned to education for solution. The basic assumption underlying this practice is that a well informed individual will make rational decisions about his behaviour whch will enhance his psychological, physiological, and social well-being. Some confusion with the terms education and information are evident in this assumption in that the emphasis appears to be on facts as the determinants of behavior. It is essential that the fundamental difference between drug information and drug education be clearly identified if we are to establish an effective role for the family, school, and community in a preventive process.

Communication which simply informs or focuses upon factual knowledge or cognitive learning is defined as drug information. This is a rather limited process in which the drugs themselves and their effect upon the person together with instruction regarding specific laws, penalties, and other forms of social control are usually the dominant factors. Drug education, by comparison, is a very broad category which includes all those activities and experiences which maximize op-

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NOTE: The views expressed by the author, the selection of facts presented and the opinions stated with regard to the facts are the responsibility of the author and do not necessarily represent the views of Unesco.

portunities for emotional, intellectual, psychological, and physiological growth. Drug education will include drug information within this definition in that it recognizes the importance of a comprehensive blending of cognitive and affective activities in order to influence an individual's decisions with regard to his behavior.

It must be set forth at the onset that drug education may be offered by many of the major institutions in society. While the more formal systems of education such as the public schools have fundamental responsibilities in this regard, they will not be the exclusive source for these experiences. By accepting drug abuse as a social problem we must be willing to seek solutions which have their roots in the broad spectrum of the total society.

A NEW APPROACH IN DRUG EDUCATION

Most drug education programs have relied upon the legal and medical approaches described above to deter initial drug abuse or the progressive abuse of such substances. For the most part these approaches have depended upon drug information to bring about these objectives. While not wishing to diminish the importance of having honest, accurate, and reliable information upon which to base personal decisions, it can be readily demonstrated that this assumption that information alone is an effective modifier of behaviour is simply not supported by even the most casual observations. The best informed and presumably more responsible individual appears to be able to ignore the most reliable data and other forms of information when confronted with strong pressures for action. It is apparent the decisionmaking process is largely influenced by perceived personal needs which affect the valuing behavior of an individual.

A third major approach to drug education is beginning to take form out of the efforts of those willing to attack this problem creatively. Utilizing the experiences of the more promising program together with a significant amount of knowledge and research from the fields of sociology and psychology, a new generation of drug education programs is developing. Designated by the general term *sociological/psychological* approach, the rationale for this model in predicated upon the recognition of the individual as a freely-choosing decisionmaker whose behavioral choices will be influenced by his fundamental needs, aspirations, wants, and desires. It thus follows, by focusing upon the assessment of these personalized needs and meeting them through constructive influences in the home, school, and community, it can be reasonably assumed the individual will be less inclined to high risk activities, such as drug abuse, and more likely to develop patterns of responsible behavior.

It should be noted that this approach is concerned with value input, the development of value awareness, and the clarification of an individual's personal values which are then internalized and translated into action in many areas of his behavior. This multi-dimensional aspect of self-enhancement holds great promise for reducing the lure of chemical substances as substitutes for more constructive alternatives which are available to fulfill the various physical, emotional, and social needs. The focus in this instance is on the total individual and the ecological system in which he is the central figure.

Proponents of the sociological/psychological model suggest a number of unique premises upon which programs may be designed. Chief among these is the belief that a combination of cognitive input and the affective involvement of the individual will be necessary and jointly will have more impact than either could have separately. This avoids the weakness of strictly informational strategies by relating the information to the needs of the individual as he reacts to others within his total environment. It also minimizes the threat of self-indulgence due to a lack of fundamental and relevant facts about specific problem areas which may be encountered such as drugs, venereal disease, sex, and other similar high risk areas. The proper balance between information, which enables the individual to more accurately predict the outcomes of his decisions, and those affective experiences and influences which engender self-enhancement and motivate the individual toward constructive and more responsible behavior, is essential to this approach. When this condition is created within a drug education program over a period of time the achievement of a reduction in the level of drug abuse and other forms of high risk behavior may be reasonably anticipated.

A second consideration underlying the sociological/psychological model proposes the direct involvement of the individuals for whom the program is designed, when their age and maturity permit, in the planning, implementation, and evaluation and feedback processes. While this is not a new concept in organizational management, its application within the problem area of drug abuse brings a new dimension of prescriptive involvement which can be expected to increase the effectiveness of preventive education programs. Interaction among all those affected by a program serves to maintain an on-going mechanism for assuring increased relevancy between the program objectives and subsequent activities and those benefitting from such efforts. The development of increased internal communication precludes the tendency for those administering the programs to impose their personal biases and perceptions upon the clients who may view the situation and its needs from a completely different and in some cases opposing position. Such polarization is usually self-defeating and counterproductive to the real goals of either position. Effective communication is the catalyst within this arena of involvement and interaction.

The importance of communication is supported by the need for collective cooperation among the major societal institutions concerned with drug abuse prevention. In this regard, the sociological/psychological approach proposes a third premise which suggests the contributions of the home, the school, and the community will have a greater impact under conditions of cooperative interaction than that which could be achieved by the sum of each of these groups working independently. The interdependence of these three institutions is readily apparent when considering their relationship to those who may begin or who have already begun to abuse drugs. This interdependence is further clarified when the functions of each of these basic groups are considered with regard to the major objective which is to reduce the incidence of drug misuse and abuse. Direct interaction among these agencies, organizations, interested groups, and individuals will enable them to recognize their dependency upon each other. It provides the basis for them to explore cooperative activities which will assist them to individually maximize their own specific goals while unitedly accomplishing the larger task which benefits society as a whole.

Underlying the more salient assumptions contributing to the new generation of drug education programs is the fundamental commitment to focus upon the causes of drug abuse rather than the resulting symptoms or consequences. Although this would seem to be a glaring need common to any program concerned with prevention, it has been ignored in far too many instances. Admittedly, it is more difficult to deal with the causes of drug abuse.

If drug education is to have any role in the prevention of drug abuse it must demonstrate that its programs are capable of exerting an impact upon reducing the incidence of the problem. The preceding discussion has attempted to clarify some of the weaknesses of our traditional approaches to drug abuse prevention, which may account for the limited success drug education programs have had in deterring drug abuse. A new approach has been proposed which suggests there are more reliable assumptions upon which drug education programs may be developed and implemented.

CALIFORNIA INTERAGENCY COUNCIL ON DRUG ABUSE, TASK FORCE ON EDUCATION

RESOLUTION NO. 1: PROFESSIONAL PREPARATION OF CERTIFICATED SCHOOL PERSONNEL

Whereas, the Education Code of the State of California requires that drug education shall be taught in the public schools, and

Whereas, effective drug abuse education can be accomplished by being a component of a continuous comprehensive interdisciplinary program for health education at least from kindergarten through the 12th grade, and

Whereas, there is presently no provision made that certificated personnel shall receive education in the teaching of health, be it,

Resolved, that institutions of higher education engaged in the preparation of teachers be urged to include a reasonable requirement of preparation in the teaching of education for health including drug education, and, be it further

Resolved, that the organizations represented on the Task Force on Education of the California Interagency Council on Drug Abuse be urged to use their good offices to encourage such training and bring about the adequate preparation of California certificated school personnel in this vital area.

CALIFORNIA INTERAGENCY COUNCIL ON DRUG ABUSE, TASK FORCE ON EDUCATION

RESOLUTION NO. 2: COMMUNITY DRUG ABUSE EDUCATION PROGRAMS

Whereas, drug abuse has reached epidemic proportions in the communities of California, and, Whereas, drug abuse education is a facet of a community's health education, and,

Whereas, the people involved in drug abuse are a part of the community, and,

Whereas, the community has unique resources at its disposal, now, therefore, be it

Resolved, that a coordinated and comprehensive drug abuse education effort should be undertaken in local communities in behalf of explicit values and be on a continuing basis, and be it further

Resolved, that a coordinated and comprehensive program for drug abuse education should include representation from all segments of the community and should involve such groups as: parent and teacher organizations, adults, professional groups, service agencies, local governmental agencies, youth, churches, medical care facilities, legal and judicial resources, and the communication media.

California Interagency Council of Drug Abuse, Task Force on Education

RESOLUTION NO. 3: EDUCATION POLICY DETERMINATION

Whereas, school districts are seeking solutions to the drug abuse problem which is involving many young people to date, and

Whereas, teachers, pupil personnels, administrators, and school boards are being called upon for immediate solutions by students, parents, and the community, and,

Whereas, recent legislation and state agencies policies make educational policy determination more of a local and community responsibility than ever before, and,

Whereas, there are may causes of drug abuse and many possible solutions, now, therefore, be it

Resolved, that each case of drug abuse should be considered on its own merits as a unique problem requiring a unique decision by the school staff and that treatment and action should be based upon an attempt to deal with *causes* of behavior as well as the symptoms themselves, and, be it further

Resolved, that each school district should develop its own policies providing for the individual disposition of each case of drug abuse.

California Interagency Council on Drug Abuse, Task Force on Education

RESOLUTION NO. 4: IN-SERVICE TRAINING OF PERSONNEL IN DRUG EDUCATION

Whereas, the Education Code of the State of California requires "instruction upon the nature of alcohol, narcotics, restricted dangerous drugs . . . and other dangerous substances and their effects upon the human system as determined by science" (8504), and,

Whereas, the California State Board of Education resolved July 11, 1969 that each district shall develop "an up-to-date comprehensive instructional program designed to minimize drug abuse," and,

Whereas, there is presently no provision made that certificated personnel shall receive required education in the teaching of health including drug education, now therefore be it

Resolved, that the California State Board of Education be urged to request all County Superintendents of Schools to convene specific in-service education programs for elementary, intermediate, and secondary school personnel in 1970.

California Interagency Council on Drug Abuse, Task Force on Education

RESOLUTION NO. 5: DESIRED CHARACTERISTICS OF SCHOOL PERSONNEL INVOLVED WITH DRUG EDUCATION RESPONSIBILITIES

Whereas, drug abuse is correlated with social alienation and many other causes, and,

Whereas, "feed back" from responsible youth groups and from individuals under treatment consistently highlight the importance of the personal characteristics of those involved with drug education, and, Whereas, human communication (both verbal and non-verbal) and shared feelings are critical elements in the process of drug education, be it therefore

Resolved, that school district administrators be urged to consider the following attributes of school personnel prior to assigning responsibilities for drug education and counseling:

(a) perceived approachability by students
(b) communicated warmth and interest
(c) ability to accurately articulate the students' concerns
(d) empathy for growing children and adolescents
(e) capacity for sustained listening
(f) personal authenticity or congruency
(g) willingness and ability to work with community resources and agencies

CALIFORNIA INTERAGENCY COUNCIL ON DRUG ABUSE, TASK FORCE ON EDUCATION

RESOLUTION NO. 6: THE PRIMARY RESPONSIBILITY OF SCHOOLS RELATIVE TO DRUG EDUCATION

Whereas, the problem of drug use and misuse is one faced by the total society, and.

Whereas, there are a wide variety of approaches with which the agencies, organizations, and concerned groups are attempting to meet this problem, and,

Whereas, each of these agencies, organizations, and concerned groups usually have a particular area of interest, responsibility, and competency within a total community program, be it therefore

Resolved, that the primary role of the school in drug abuse education is the development of preventive programs, including viable alternatives, and be it further

Resolved, that it be interpreted that preventive programs are appropriate and necessary beginning with the earliest grade in the school organization, and be it further

Resolved, that this prevention aspect be stressed through the implementation of a total health curriculum which is focused upon the physical, mental, and social well-being of the individual.

CALIFORNIA INTERAGENCY COUNCIL ON DRUG ABUSE, TASK FORCE ON EDUCATION

RESOLUTION NO. 7: DRUG ABUSE EDUCATION: GUILDELINES FOR RENTAL, PURCHASE, AND USE OF INSTRUCTIONAL MATERIALS AND AUDIO-VISUAL MEDIA

Whereas, teachers, health educators, counselors, parents, and others in the community seeks effective instructional texts, pamphlets, films, TV programs, and other media for drug education, and

Wheras, the Education Task Force of the California Interagency Council on Drug Abuse recognizes the variety in limitations of such instructional materials and media, be it therefore

Resolved, that all materials used for instruction in the field of drug abuse should be previewed and evaluated by an appropriate representative committee which should include professional resource personnel thoroughly versed in the subject, school administrators, teachers, students, parents, and other interested lay individuals, and be it further

Resolved, that accompanying guides and descriptive materials should specify the expected behavioral and cognitive outcomes for the age and backgrounds of the audience as well as suggesting effective means or techniq [illegible] presentation, and be it further

Resolved, that those who present these materials should be thoroughly familiar with the appropriate techniques of presentation and discussion with sufficient time for reaction and clarification of questions, and be it further

Resolved, that materials and media should be desigrated to facilitate teacher-student interaction and should be specific to particular drugs and patterns of use, and be it further

Resolved, that all of these materials should be candid, truly representative, unbiased, honest and objective in their approach and content.

CALIFORNIA INTERAGENCY COUNCIL ON DRUG ABUSE, TASK FORCE ON EDUCATION

RESOLUTION NO. 8: A PREVENTIVE ORIENTATION TO DRUG EDUCATION (ALTERNATIVES)

Whereas, it is apparent that the use of both legal and illegal drugs is a serious national problem, and,

Whereas, traditional educational efforts to inform youths and adults about their dangers have met with limited success, and

Whereas, the individuals most likely to abuse dangerous drugs must be educated in a manner they will accept and which will not alienate them, be it therefore

Resolved, that educators should direct drug abuse education efforts in the classroom toward a forthright examination of the reasons why people misuse dangerous drugs, and be it further

Resolved, that educators should also help the individual to understand himself and should discuss with classes viable alternatives to a drug-oriented existence, such as experiencing continuous selffulfillment through achievement in intellectual, cultural, creative, and spiritual pursuits, through building meaningful human relationships, and through constructive involvement in social and environmental activities, and be it further

Resolved, that discussions, analysis, and guidance should aim toward balanced mental, physical, and emotional well-being of the individual, with emphasis placed on the opportunities that an individual has to achieve personal satisfaction within the limits of our society, and be it further

Resolved, that the misinformation and scare tactics sometimes utilized be abandoned in favor of this more calm and responsible approach which will be more widely accepted by students and adults.

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION

DRUG EDUCATION 1971–72

Drug Education has been identified as one of the eight priority areas for the Department of Education. A Drug Education Task Force has been established which is comprised of six individuals with specialized skills and expertise. This group has as its primary mission the planning and organization of the Department's efforts in this priority area. The following is a summary of major activities during the 1971–72 school year.

(1) The continued operation of the State Drug Education Training Program begun during the 1970–71 school year. Specific accomplishments have included:

A statewide survey of all school districts to determine the current status of drug education in the schools and the types of assistance needed.

A follow-up of the approximately 2,100 individuals who were participants in the four-day entry level training programs during 1970–71 in order to identify needs for supporting services.

Planned and initiated the following training programs:

Six three-day regional entry level workshops for student, school, and community representatives (267 participants).

Thirteen one-day symposia on drugs and athletics for coaches, athletic directors, counselors, and principals (916 participants).

Three two-day curriculum development workshops for personnel in County Offices of Education (87 participants).

Ten one-day drug abuse counseling workshops (533 participants).

One three-day conference to train 27 school nurses to conduct ten two-day regional training sessions (412 participants).

One three-day statewide youth training conference (33 participants).

(2) The development of a system for providing extended direct consultancy services and technical assistance in drug education to selected county and local school districts in order to develop model and demonstration projects (17 identified projects).

(3) The establishment of a drug education depository which includes such items as curricula, instructional materials, sample programs, models for in-service training, and selected summaries of research. All school districts and interested State agencies received information regarding selected material in the depository.

(4) Direct involvement in cooperative activities with 21 national or statewide agencies or organizations which served to augment the work of the Task Force.

(5) Monitoring proposed legislation related to drug education and providing technical assistance as requested. In addition, preparing for the implementation of legislation related to drug education enacted during the 1971 session (AB 1359, AB 2544, AB 2588) as well as proposed legislation in the 1972 session.

STATE OF CALIFORNIA, DEPARTMENT OF EDUCATION

DRUG EDUCATION, JULY–DECEMBER 1972

Drug education has been identified as one of the eight priority areas for the Department of Education. A Drug Education Task Force has been established which is comprised of five individuals with specialized skills and expertise. This group has as its primary mission the planning and organization of the Department's efforts in this priority area. The following is a summary of major activities during the first six months of the 1972–73 fiscal year.

1. Establishment of the Center for Drug Education Leadership Development adjacent to the campus of California State University at Sacramento. Conducted seven cycles of training for 210 selected individuals from schools and communities.
2. Conducted Phase I of a study on smoking and health in 4 randomly selected school districts in cooperation with the National Clearinghouse on Smoking and Health, U.S. Public Health Service. Approximately 240 students involved.
3. Planned and conducted 13 regional training sessions attended by a total of 900 individuals in teams from approximately 200 school districts. During the 3-day workshops, these teams developed action plans for school-home-community cooperative drug programs.
4. Planned and conducted 7 regional 2-day workshops for 357 school nurses in conjunction with the California School Nurses Organization.
5. Reviewed and evaluated all drug education materials submitted as part of the Health "Textbook" Adoption. Forwarded recommendations to the Curriculum Development and Supplemental Materials Commission and the State Board of Education about these materials.
6. Assisted in the development and implementations of 5 County level in-service training programs in drug education.
7. Conducted a follow-up survey of drug education activities and materials in 1070 school districts as input to the Department's Depository of Drug Information.
8. Worked with representatives of selected County School Offices and local school districts in the development of guidelines for drug abuse education for consideration by the State Board of Education.
9. Established an Alcohol Education Project within the Department in conjunction with the Drug Education Task Force.
10. Extended direct consultancy services and technical assistance in drug education to county and local school districts.

JULY 12, 1973.

HON. EDWIN D. ESHLEMAN
Cannon House Building
Washington, D.C.

DEAR CONGRESSMAN ESHELMAN: The Students Concerned with Public Health is a group of high school students dedicated to improving health education in the United States. As the enclosed materials will show, we work on all levels of government, from the White House and Elliott Richardson, to state and local. This is, of course, in addition to our work in the public and Catholic schools.

We wanted to have the opportunity of testifying at the hearings that you and Congressman Brademas held in Lancaster, Pennsylvania. Unfortunately, your schedule did not allow for this. Students Concerned was represented, in a sense, by Dr. I. Ezra Staples, Associate Superintendent of Schools, and Mr. Thomas Rossica, Executive Director of the Philadelphia School District. Both Dr. Staples and Mr. Rossica are long-time friends and members of Student Concerned.

Students Concerned With Public Health would like to go on record as taking the following position on drug education:

1. Health education per se, is ineffective, and new methods of teaching and training health educators must be taught (See our testimony before the Presidents Committee on Health Education).
2. Drug education is far too often aimed only at the tip of the iceberg. So-called drug problems are really problems of how individuals see themselves and each other. There are many other self-destructive behavior pat-

terns that need to be dealt with at the same time as drugs because the causes are the same.

3. We urge that models that work be developed, evaluated, and used as templates in other communities. Often huge amounts of money are wasted on superficial and meaningless "drug education" and "in-service training" programs. In fairness to HEW, however, it must be pointed out that the country was faced with a new and different kind of epidemic and professionals and the public were panicked and trying to develop means of coping with it.

4. Now that things are being viewed without the previous panic, it is possible to take an objective look at what did and did not work. Similarly, now that the incidence of new addicts is declining, it is time for *everyone*, the Congress, HEW, state and local officials of all kinds, and people of all ages to find means of preventing drug abuse. This is obviously better than being faced with the alternative, which is to treat large numbers of junkies generation after generation. This is naturally true for other self-destructive behavior problems.

The Students Concerned With Public Health fully endorse the concepts of preventive drug education developed by Mr. Wade Coleman, Special Assistant for Drug Abuse Prevention to Secretary Weinberger. Students Concerned urges you and your colleagues on Congressman Brademas' Subcommittee to contact Mr. Coleman and listen closely to what he has to say.

Students Concerned With Public Health would appreciate the opportunity to work with you and Congressman Brademas in any manner possible.

Please call upon us if we can be of assistance.

Debra Freeman
Mae Manfree
Vern Willis
Portia Wilson
(For Students Concerned With Public Health).

Students Concerned With Public Health was founded by Mr. Ray Kauffman and 35 high school students from Simon Gratz in 1968. Initially the Students Concerned worked in the elementary schools of North Philadelphia on a limited basis. The high school students after being trained by the Philadelphia Department of Public Health, the Diagnostic and Rehabilitation Center/Philadelphia, Eagleville Hospital and Rehabilitation Center and Dr. Mary Levy of Temple University as well as private public health experts and physicians, started teaching in elementary schools.

The high school members of SCWPH developed puppet shows, science experiments and discussion units dealing with public health problems of the area, primarily self-destructive behavior such as alcohol and drug abuse, cigarette smoking, and gang warfare. SCWPH not only transmitted factual material to the elementary school students but offered the important and realistic alternatives to self-destructive behavior. The philosophy of Students Concerned is, "Turn on with people, not gangs or drugs". Health careers of all levels are stressed as realistic alternatives which afford the individual the opportunity of developing his or her potential in a constructive way which benefits them, their immediate community and society as a whole.

In 1970 Students Concerned With Public Health expanded their teaching efforts in North Philadelphia and started a chapter of Students Concerned at St. Maria Goretti High School in South Philadelphia. An "Unwinding Room" was started by Students Concerned/Goretti Chapter which did extensive peer counseling. In addition members of the Goretti Chapter started teaching in the Catholic elementary schools of South Philadelphia.

The "Unwinding Room" became fully functional, offering eight hours a day of peer counseling, referral service and individual counseling, in 1971–72. This was done under the guidance of a 1971 SCWPH graduate of Saint Maria Goretti who worked full time at the school. In addition, in-service training programs were established for students and staff.

A "Modern Social Problems" class was established at St. Maria Goretti for members of Students Concerned. Its primary purpose was to teach the young people how to work for constructive change. The students took it in lieu of history. The students and Kauffman felt that only when citizens learn how to constructively modify their environment so it is habitable for the human organism can the drug problem be really dealt with.

Two days a week the students went out into the community to teach in the elementary schools. The other days were spent discussing books and journal articles the students were assigned, but more important, in the Modern Social Problems Class, meeting various people who could discuss with them the structures, institutions and problems of society and the role the individual could realistically play as an agent for social change.

Participants in the Modern Social Problems class included:

1. Dr. Louis Polk, Acting City Commissioner of Health.
2. Dr. Walter Lear, Deputy Committioner of Health.
3. Dr. Louis Mattucci, Head of the Health Department's Division of Community Involvement and Education.
4. Various members of the staff of WCAU-TV.
5. Staff members of the *South Philadelphia Review*, *The Catholic Standard and Times*, and *The Philadelphia Bulletin*.
6. Judge Paul Dandridge.
7. Model Cities staff.
8. Ruth Bennett, former school board member
9. Mr. Thomas C. Rosica, Executive Director of Federal Programs, School District of Philadelphia.
10. Dr. I. Ezra Staples, Associate Superintendent for Curriculum Planning and Development.
11. Mr. Charles Bowser, Executive Director, Philadelphia Urban Coalition.
12. The Honorable K. Leroy Irvis, Minority Whip, Pennsylvania House of Representatives.
13. The Honorable Herbert Fineman, Minority Leader, Pennsylvania House of Representatives.
14. The Honorable Robert Butera, Majority Leader Pennsylvania House of Representatives.
15. Herbert Dennenberg, Ph. D., State Commissioner of Insurance.
16. Helene Wolgumulth, Pennsylvania Secretary of Welfare.
17. Dolores Tucker, Secretary of the commonwealth.
18. J. Shane Creamer, Attorney General, State of Pennsylvania as well as many others.

In addition to classroom activities, one of the major functions of Students concerned is to disseminate information about the program and the various models SCWPH has developed, and at the same time to sensitize professionals in the health, education and welfare fields to the role young people can and should play in the solution of problems besetting society.

Students Concerned has accomplished this function on the local, state and national levels through guest presentations, conferences, and discussions with public officials. Examples of these follow:

LOCAL

At the outset, members of Students Concerned met with members of the School Board of Philadelphia to explain the philosophy, purpose, operation and methods of the project. This initial meeting has resulted in continuous communication and cooperation between the Board and SCWPH. Also, several of the students have discussed objectives of the program before Parent-Teacher Associations from Parochial and Public Schools, with more such presentation scheduled.

To begin sensitizing key officials outside the schools SWPH met with Mayor Frank L. Rizzo and works closely with Dr. Lewis Polk and Department of Public Health staff.

By participating in local "forums", Students Concerned has been spreading its message throughout the City and beyond. Two members of the project testified before the Philadelphia Inter-Agency Council on Smoking, and as a result were invited to become members of the Council. In addition, SCWPH has been asked to appear on a number of television shows, one of them on the topic of Veneral Disease in cooperation with the City Health Department.

Students Concerned has also worked in concert with other educational institutions. It helps teach a class on drug abuse at Temple University, and additional presentations are planned for next year. SCWPH is also teaching part of the graduate and undergraduate courses on Drug Abuse at Glassboro State College. Thirteen members of SCWPH are also taking the course for college credit.

STATE

The project is constantly involved in activities at the state level as well as the local.

The Pennsylvania Public Health Association held their Annual Meeting in Harrisburg and members of Students Concerned presented four different puppet shows on lead poisoning, drug abuse, smoking, and tuberculosis control as part of the conference.

The "Community Health" Section of the Peennsylvania Nurses Association also had a meeting in Harrisburg where the Students Concerned appeared as luncheon speakers.

Commissioner of Insurance for Pennsylvania, Dr. Herbert Dennenberg, who has taught "Modern Social Problems" course, held a hearing on Blue Cross and Blue Shield insurance plans. Students Concerned drafted a position paper which was presented at the hearings.

Dr. Richard Horman, Executive Director of the Governor's Council on Alcohol and Drug Abuse, met with SCWPH and was given a presentation on the program.

The Honorable K. Leroy Irvis, Minority Whip, Pennsylvania House of Representatives is an active member of SCWPH.

The above examples of state contact are supplemented by involvement with Dr. Speller, Secretary of Health and various members of his staff, and other state officials known to SCWPH as a result of their having taught the Modern Social Problems Class.

NATIONAL

Students Concerned has also been able to take part in activities nation-wide, whether as conference speakers in other cities or as guests of the White House.

Members of Student Concerned were speakers at the National Catholic Education Association this year, and at the annual meeting of the American Public Health Association. The project also cooperated with the National Commission on Resources for Youth throughout the year by making two presentations at the Commission's conferences for educators and by helping prepare two video tapes on SCWPH which will be sent to school systems throughout the country.

Further opportunities to testify at important hearings presented themselves at the national level. Four members of Students Concerned With Public Health went to Pittsburgh and testified before the President's Council on Health Education and presented a position paper on the changes needed in the approaches to health education in the schools.

SCWPH also testified at the Region 9 hearing on the "Fiscal Needs of Schools" which was held by order of Sydney P. Marland, then Commissioner of Education. Students Concerned presented a position paper and established an ongoing relationship with Dr. Walker Agnew, Regional Commissioner of Education. Dr. Agnew and members of his staff wish to see SCWPH become a national model and are part of an HEW team specifically developed to achieve this end. The team was formed because of the interest Dr. James Cavanaugh of the White House Staff.

Students Concerned has been particularly fortunate to have had the ear of numerous officials in Washington during the past year. The White House arranged a series of meetings for SCWPH with the following people and their staffs:

Dr. James Cavanaugh, Member of the Domestic Council
Mr. Howard Cohen, Staff Assistant to the President on Youth
Dr. Kenneth Endicott, Director of Health Manpower Development, National Institute of Health
Dr. Elliott Richardson, Former Secretary of Health, Education, and Welfare and Dr. Sydney P. Marland, Assistant Secretary
Dr. Roger Egeberg, Special Assistant to the President for Health and Scientific Affairs
Mr. Ian Pearis, Chief of the Division of Work Experience, Department of Labor

At these meetings, the students gave presentations on the project's activities and discussed with the officials ways of improving and expanding upon current health education efforts and youth's involvement in these efforts.

President Nixon recently sent SCWPH a "Certificate of Appreciation" for its activities, and SCWPH responded by giving the President an Award of Commendation for the interest and support his Administration has shown the project.

The National Commission on Resources for Youth has worked closely with Students Concerned for several years. This has included production of TV tapes on the teaching activities of SCWPH and the SCWPH "Unwinding Room" at St. Maria Goretti. These tapes will be made available to school districts throughout the country.

POSITION PAPER ON HEALTH EDUCATION FOR THE PRESIDENT'S COMMITTEE ON HEALTH EDUCATION

(By Students Concerned With Public Health)

Students Concerned with Public Health accepts and uses the World Health Organization definition of health as being a state of "social, physical, psychological, intellectual and economic well being." The activities of Students Concerned are based on this concept of what constitutes health.

SCOPE OF HEALTH EDUCATION

Students Concerned offer the following suggestions as means of improving health education.

First, the scope of what is considered "proper" to be taught under health education must be greatly expanded so that it will be more than merely hygiene, human reproduction, dealing perhaps with a few diseases and drug abuse information. Young people need to be taught the effect socioeconomic and psychological factors play in a person's well being. It is essential that human growth and development be taught so that well meaning parents do not damage their children's development, often unknowingly and unwillingly. Certainly the need for parental care and the infants physical, intellectual and emotional needs and development need to be dealt with. Students who are the parents of the future need this information.

Ecology is on everyone's mind today, and worries young people a great deal. Yet, who teaches us what the problems are, their scope and what we can do about them? Ecology, of course, leads into the relationship human beings have with each other and the problems of prejudice, monotony in work, the relationship of socio-economic factors on values, attitudes, achievement and self-esteem.

We live in a society which is made up of plastic people who are afraid to show feelings toward other human beings. Fathers are ashamed to tell their teen-age sons they love them, girls won't hug or kiss their parents because it isn't "grown up." If health education is ever to do its job it must help people learn that to give and accept love is not only desirable but necessary, and healthy. Then we must be taught how to live with our feelings. Today, everyone is upset because of the drug abuse epidemic. So are we, but we see it as one symptom of a larger problem. Any self-defeating behavior, be it drug abuse, early, unwanted pregnancy, gang warfare or simply "dropping out" of society are all symptoms of the same problem. That problem is that past generations have accepted the belief that material success, in and of itself is a desirable thing. Further, they did not have to live with the threat of extinction of the species from pollution or the bomb and the war. Young people are questioning the values of previous generations. This often leads to a feeling of despair, frustration, hostility and alienation. Too often young people cannot see themselves as having individual worth, either to themselves, their families or society. These are the young people who are using drugs and other self-destructive methods to try to cope with life.

Only when health education starts dealing with root causes instead of symptoms, such as drug abuse, will it be successful. Every drug education program we know of is based on the "do this . . . don't do that" attitude. Except for Students Concerned we know of no health education programs dealing with high school and elementary school students that stresses human feelings and offers alternatives to drug abuse or other self-defeating behavior patterns. We feel that it is essential that young people be shown that such alternatives do exist and it is possible to "turn on with people" like we do.

Students Concerned firmly believe that the scope of what the role of health education is needs to be broadened and deepened.

Students Concerned With Public Health realizes that if the above is to happen other things must happen first.

TRAINING HEALTH EDUCATORS

In almost every state health education training and certification is a part of physical education. We strongly recommend that the following be implemented at once, even though we know some very fine and dedicated health educators.

Health education and physical education should be separated. It is not fair to the professional or students to force a person to teach health education when his interest is in the field of physical education anymore than it would be fair to make an English teacher teach Latin. It is not the person's area of primary interest or expertise. We have seen and heard from students and professionals that this is the case all over the country. Another factor is that the physical education staff is often looked down on by students and "academic" staff. This is unfair and unwarranted, but it does exist. As long as it does exist the courses taught by the physical educators will be thought of as unimportant, "Mickey Mouse" courses, regardless of the individual teachers ability on the course content.

It is our firm belief that health education instructors should pursue a separate curriculum which would lead to a major of at least thirty-five hours of science and health courses. We suggest that these majors be under the colleges department of biological sciences.

Another important factor in the weakness of health education is that except for a relatively few, very dedicated public health professionals, the best trained individuals and institutions have not assumed leadership in health education. We are referring to the physician in private or group practice, the no public health nurses, and the hospitals. This is because physicians, nurses and hospitals are paid to GET you well, not to keep you well. Our medical care delivery system is based on the needs of the acutely ill, not in keeping you well, except for the relatively small amount of public health preventive medicine being done by health departments and school doctors and nurses. This results in the majority of the best trained individuals and best training institutions, medical and schools of nursing, being essentially divorced from health education. To remedy this we propose the following:

1. All schools of Public Health be encouraged to offer a Masters degree in health education. Very few currently do.
2. All medical schools and schools of osteopathy be urged to establish programs which would lead to a Masters degree in health education.
3. That federal grants be made available to top flight students to work towards these degrees.
4. State certification of health educators be changed in accordance with the above recommendations.
5. That school districts receive additional funds for employing health educators trained in the above systems.

Students Concerned believe that the steps would enhance the training and prestige of future health educators and offer an inducement to the school system to hire such specialists.

In the likely event that the school of osteopathy, medicine and public health could not adequately train sufficient members of students on the graduate level, we suggest that a Masters of Science program be developed at state colleges and universities, again within an appropriate department of the biological sciences.

It is realized that simply changing state certification requirements and what departments or institutions are responsible for training health educators is only a start in meeting the problems of health education, but at least such action would be a step in the right direction. Another recommendation we would like to make is that anyone majoring in health education be required to minor in psychology and/or sociology and be required to take a course in medical-social economics.

STUDENTS INVOLVEMENT

Last, but not least, we would urge that programs such as Students Concerned With Public Health be started in every school district. We have included a history of Students Concerned and will let that speak for us as to the effectiveness of our approach and methods.

We would strongly urge that elementary and high school students be actively involved in the planning, implementation and evaluation of the above recommendations.

Students Concerned With Public Health are very grateful to the President's Committee on Health Education for giving us the opportunity to testify before the Committee and present this position paper. We sincerely hope that Students Concerned and the Presidents Committee on Health Education will continue to work together towards our common goal of health education.

POSITION PAPER ON TESTIMONY PRESENTED TO PENNSYLVANIA STATE PLAN ON ALCOHOL AND DRUG ABUSE

(By Students Concerned with Public Health)

Students Concerned With Public Health is a group of high school students dedicated to improving the health of our society. Students Concerned was founded in 1968 by Ray Kauffman. We do health education focusing on self-destructive behavior such as gang warring, alcohol and drug abuse and cigarette smoking. As a result of Ray's guidance, we work at all levels, from teaching elementary school children to trying to sensitize professionals like you, Elliott Richardson, White House staff, educators, politicians and other leaders about the models we have developed and the role young people can and should play in dealing with self-destructive behavior problems.

When we first met Dr. Horman a year ago we thought you would never get a meaningful state plan together in one year. Yet you have and we are grateful to all of the Governor's Council and its staff for your insight and dedication. We never con people. We have not read the 900 page document .and frankly doubt if many people testifying have. People we know and trust tell us it is as good as any state play they have seen, and we congratulate you on what you have achieved.

Students Concerned With Public Health has several specific recommendations that we feel would make your state plan even more comprehensive. We are urging you to seriously consider these requests because we strongly feel that if you don't no one will.

Students Concerned urges you to declare cigarette smoking the use of a dangerous drug. We hope that if this can occur people will be eligible for in-patient and out-patient withdrawal and therapy, just like people hooked on other drugs. Months ago SCWPH urged Dr. Dennenberg, at the Blue Shield hearing, to work toward this goal by urging Blue Cross and Blue Shield to pay for such treatment. We never heard about anything being done, however.

The death rate from emphysema doubles every five years. Disability payments for emphysema disability under Social Security are exceeded only by payments for disability for heart disease and strike. According to the National Tuberculosis and Respiratory Disease Association the following statistics are true:

1. Social Security Administration payments for chronic lung disease are $4,000,000 a year. This does not include payments for Black Lung.
2. There are 40 million cases of chronic respiratory disease in the United States, according to the 1970 National Health Survey.
3. Serious respiratory disease accounts for at least 7% of all hospital admissions.
4. Respiratory disease accounts for 10% of all deaths.
5. Acute respiratory disease accounts for 50% of all acute illness. Such acute Respiratory Disease illness is enhanced and prolonged by cigarette smoking.
6. In 1971 Chronic Bronchitis, Emphysema and Asthma caused 30,000 deaths and lung cancer another 70,000 deaths.
7. In addition to the tremendous human suffering and direct financial cost to society there is also a tremendous loss of productivity and loss of personal income.

Students Concerned feels that no responsible public health official will argue that cigarettes do not present a large and very dangerous public health problem. What we are asking is for the Governor's Council, Dr. James Cananaugh of the Domestic Council and the Regional Director of Health Education and Welfare to be the leaders in accepting cigarette smoking for what it is—the use of a dangerous drug.

We know cigarettes will never be outlawed because of the tobacco lobby's power and the tax money cigarettes bring in. We firmly believe, however, that cigarettes pose a danger to millions of people yet, with the exception of the "Five Day Plan' and a few other similar programs, no one is doing anything to help the cigarette smoker get unhooked. We have heard physicians argue that cigarettes aren't addicting because no tolerance can be demonstrated. Our answer to this is so what? People are still being destroyed and health officials continue to meet the problem by pamphlets, conferences and committees and TV spots.

It is a real source of concern to us that cigarette advertising is always aimed at youth. How many ads have you seen featuring a sixty year old man or woman? Cigarettes are being touted as a miracle drug which will make men virile, masculine and attractive to woman, and which will make females appear beautiful, sophisticated and sexy. Teenagers are made to feel square or "out of it" if they do not smoke. If I fall prey to this advertising then I in turn bring pressure on my peers simply by my having joined the so-called "in" smoking group.

It is about time that public health officials, educators, voluntary agencies like the Cancer, Heart and T.B. Associations and the media come to grips with the facts that cigarettes are a serious source of drug use by teenagers and adults. Only when people stop treating cigarette smoking as something other than the use of a dangerous drug, can we hope to even cope with the increasing use of cigarettes by young people.

Traditionally physicians have been afraid, it seems, to face the fact that people are hooked by the millions, on cigarettes. We have heard all kinds of discussions about how cigarettes aren't addicting because no increase in tolerance can be demonstrated. We feel this is nonsense and simply an unwillingness of physicians, educators and Public Health officials to face the real issue. The issue is that regardless of whether it is a physical addiction or a psychological habituation millions of people are hooked on and are being destroyed by cigarette smoking. Not only the smokers themselves but even the children of heavy cigarette smokers are being damaged as a result of having to live in a parent polluted environment, thanks to the cigarette smoke.

Some of our friends in public health and preventive medicine have worked hard to help solve the cigarette smoking problem. Certainly programs such as the Five Day Plans are needed and worthy efforts, but they are few and far between.

We are sure that everyone will realize that if what we suggest is adopted the saving in human suffering and money will be tremendous. It is far cheaper to help someone get off cigarettes than to pay medical cost and disability payments that emphysema, heart disease or Lung Cancer leads to. The savings in terms of suffering and productivity that would not be lost to society can't be measured.

Students Concerned With Public Health also feels that new methods of health education, such as we use, must be developed and used starting with early elementary school child. We firmly believe that the models developed by Students Concerned can and should be used nationwide.

Students Concerned With Public Health calls upon all individuals and groups who are interested in the problem of cigarette smoking to join us in our recommendations. We urge you to focus on six people who we feel are deeply committed to public health in general, but in drug use specifically. They are:

Dr. James Cavanaugh, Domestic Council, The White House, Washington, D.C.;

Mr. Wade Coleman, Special Assistant to the Secretary for Drug Abuse, Room 4059, HEW North, 330 Independence Avenue S.W., Washington, D.C.;

Mr. Gorham Black, Regional Director, Department of Health Education and Welfare; 36th and Market Streets, Philadelphia, Pa.;

Dr. Walker Agnew, Commissioner of Education, Region III, 36th and Market Streets, Philadelphia, Pa.;

Dr. George Gardiner, Regional Medical Director, Health Education and Welfare, 36th and Market Streets, Philadelphia, Pa.;

Dr. Richard Horman, Executive Director, The Governor's Council on Alcohol and Drug Abuse, Main Capitol Building, Harrisburg, Pa.

Students Concerned has other suggestions that we hope the Governor's Council will try to implement.

First, even though Students Concerned will probably end because Ray Kauffman has had to accept another job because we have no funds, and we don't want to go on without him, we feel we have developed models you can use anywhere.

Second, we urge you to develop a youth council representing various parts of the state to work with the Governor's Council, Dr. Gardiner, Regional Medical Director of HEW and Dr. Speller's office.

Third, Students Concerned feels that the Governor's Council could benefit from having a young person on the Council. We know Judge Dandridge and feel he's great and we admire what Dr. Horman and his staff has done. We would like to see a young person work with them, learn from them, and perhaps help them gain insight into what we, as teenagers, see as problems.

Last, we hope that we can sit down with you and discuss other recommendations we have made to various government groups, such as the training of health educators, a system of mini-schools, the training of health educators, and other ideas we have dealt with in the underlying cases of self-destructive behavior.

Students Concerned With Public Health may end in Philadelphia, but somewhere, somehow Ray will start it again. It hurts to see something we believe in end, but with your help it won't die. No one can kill an idea, except by neglect. We hope that you, Dr. Cavanaugh, Dr. Gardiner and Mr. Black won't let the love, dedication and ideas that was Students Concerned die. If you do, then you are at fault and we are more noble than you.

Portia Wilson
Vern Willis
Mae Manfre
Debbie Freeman
(For Students Concerned With Public Health).

Addendum on Students Concerned With Public Health Testimony on the Pennsylvania State Plan on Alcohol and Drug Abuse

At the hearings on the State Plan, held in Harrisburg on May 11, 1973, Dr. Horman, Executive Director of the Governor's Council on Alcohol and Drug Abuse, explained that the Council had discussed the problem of cigarette smoking, but apparently could not reach any agreement. Dr. Horman also stated that the Legislature had not included cigarette smoking in the legislation dealing with drugs. While we offered to contact legislators to see if this could be changed, no one wanted to work with us. We feel it is very regretable that we, a group of teenagers have to assume this responsibility. We are going to, however, even though Students Concerned is officially ending. Ray has promised that he will help us in this.

Students Concerned feels that this points up the need for closer working relationships between concerned public health officials, educators, leaders and young people on the local, state, regional and national levels. SCWPH hopes that one of our last successes will be to bring about this kind of cooperation. We hear a lot from professionals about "communication". We sincerely feel that what is needed even more is long term, meaningful working relationships among professionals from various levels. Working together beats talking together.

A specific recommendation we wish to make is that Mr. Gorham Black, Regional Director of Health Education and Welfare convene a conference co-sponsored by Students Concerned in Philadelphia, Washington, D.C., Harrisburg or wherever he feels most logical, and invite to the first meeting the following:

1. Dr. George Gardiner, Medical Director, Region III
2. Dr. Walker Agnew, Commissioner of Education, Region III
3. Dr. Richard Horman, Executive Director, Governor's Council on Alcohol and Drug Abuse (Harrisburg)
4. Dr. J. Fenton Speller, Secretary of Health or Dr. John Simmons, Assistant Secretary of Health for Pennsylvania
5. Dr. Pittenger, Secretary of Education for Pennsylvania, or Ms. Debbie Weiner, his special assistant.
6. Dr. James Cavanaugh, Domestic Council, The White House
7. Mr. Wade Coleman III, Special Assistant to the Secretary for Drug Abuse Prevention, DHEW, Room 405, 330 Independence Ave., S.W., Washington, D.C.

and members of Students Concerned.

We suggest that the meeting be action oriented and that three specific topics be dealt with:

1. The establishing of lasting working relationships between the parties involved;
2. Finding means of actively helping the cigarette smoker;
3. The partnership—government and youth—should establish.

We have not been impressed at all with HEW's Youth and Student Affairs representative in Region III. We have heard lots of talk and seen no action. Perhaps this can change.

We know all of the people mentioned above are very busy. We also know they are very dedicated. Students Concerned feels that if we can travel to Harrisburg.

without any expense money except from Ray, it is not unfair to ask people to join us to make the system work better to help more people.

Tenth and eleventh grade members of Students Concerned recently took an undergraduate course at Glassboro State College on drug abuse, taught by Dr. William Pitt. Instead of paying tuition, the members of Students Concerned discussed and demonstrated our various models and techniques to the undergraduate and graduate sections of the Drug Information and Education Workshop. As a result of this experience SCWPH and Glassboro developed a model whereby Dr. Pitt and other professionals and Ray Kauffman and members of Students Concerned would go into various communities in New Jersey and Region III and hold workshops for high school students, community people, teachers, administrators, school board members, et cetera. The workshops would be for college credit either graduate or undergraduate. The workshop would not be the typical thing where rhetoric and pharmacology dominate the scene. Instead, the workshops would focus on how the students and adults in the community could implement the models Students Concerned have developed. We have found kids and teachers don't know how to make puppets for under a dollar, how to work with elementary school age children to develop puppet shows about self destructive behavior, how to work with the media and other professionals. It took us years to learn these things as well as how to deal with the problems that come up. We feel someone should pass this information, the one thing we cannot teach, or do ourselves, is to find money to continue without selling out.

Many fine, dedicated people have helped Students Concerned over the years, and Ray took us from the ghetto to the White House. We are grateful to everyone who tried to help us, and compassion for those few who tried to obstruct us. We are especially grateful to Drs. Cavanaugh, Gardnier, Agnew and Hendrick who have proven themselves to be true friends.

Ray and the original Students Concerned had a dream and made it blossom. Now the flower is dead but we remember the beauty that once existed. The seed of the idea that was Students Concerned remains. We are asking you to sow it, cultivate it, and let it blossom again somewhere. If you don't everything we dedicated ourselves to was worthless and the encouragement we got was false.

STATEMENT OF MATTHEW J. RINALDO, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF NEW JERSEY

Mr. Chairman: The use of drugs by children of all ages, even those in the elementary schools, has generated a national crisis of major proportions. According to a recent four-year study reported to the American College of Physicians, drug addicts are becoming younger all the time—and most of them no longer start with marijuana before "graduating" to the hard drugs like heroin. The National Commission on Marijuana and Drug Abuse reported in March, 1972, that six percent of high school age students in this country have used heroin at least once. Fourteen percent have tried marijuana; eight percent have tried LSD, mescaline, peyote and other hallucinogens; five percent have used cocaine, eight percent methamphetamines, seven percent barbiturates, and five percent painkillers like morphine and codeine. A recent staff report by the Select Committee on Crime, based on a seven-month investigation in six major American cities, concluded that drug abuse can be appropriately described as "an extremely deadly epidemic which is presently raging in our schools. It is infecting our youth and contaminating our schools. It has reached crisis proportions. And it is leaving a trail of devastation that will take a decade to remedy."

Education should be our most immediate concern in grappling with the problem of drug abuse because it is the one way we can most immediately help prevent its spread. The key to drug abuse control among young people must lie in education, which is serious, continuing, progressive and honest.

One primary concern is the development of curricula that is unclouded by uninformed prejudices and one that intelligently presents the facts—why people take drugs; the dangers to the body and to the mind from casual experimentation and from regular usage; the effects of the different kinds of drugs and the varying degrees of danger they pose; and the laws against drug abuse and their penalties. Teachers, of course, must be well educated in the subject matter so that they will be able to carry on a dialogue with the students—so that both will profit through the exchange of information. This cannot be accomplished with a series of pamphlets and movies or with a single lecture. Ongoing programs must still be developed and carried through. Experts in the various disciplines concerned, especially educators, should have the means and the encouragement to produce and continue these kinds of intensive programs.

Parents, too, should be just as aware of the dangers of drugs and the reasons behind their use as their children are. They should especially be aware that the problem is just as likely to strike their own child as it is their neighbor's. The family and the community must be able to listen to their young people and their problems. They must also understand and be able to offer advice and alternatives to drug usage.

The Drug Abuse Education Act of 1970 contains provisions which meet all of these needs in the area of drug abuse education—curricula development at all levels, training of educators and family and community educational programs. That is why I am urging full support of H.R. 4715, which would extend the Drug Abuse Education Act for an additional three years.

If, through education, we can reach the young in other fields—if we can teach them history and mathematics—then why can't we reach them when it comes to drug use? I think we can, and we cannot afford to relent in our efforts now.

TO EXTEND THE DRUG ABUSE EDUCATION ACT

THURSDAY, JULY 26, 1973

House of Representatives,
Select Subcommittee on Education
of the Committee on Education and Labor,
Washington, D.C.

The subcommittee met, pursuant to call, at 10:15 a.m. in room 2175, Rayburn House Office Building, Hon. John Brademas (chairman of the select subcommittee) presiding.

Present: Representatives Brademas, Meeds, Lehman and Peyser.

Staff members present: Jack G. Duncan, counsel, Martin LaVor, minority legislative associate, and Christina M. Orth, staff assistant.

[Public Law 91–527 follows:]

[Public Law 91–527, 91st Congress, H.R. 14252, December 3, 1970]

An Act to authorize the Secretary of Health, Education, and Welfare to make grants to conduct special educational programs and activities concerning the use of drugs and for other related educational purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

Section 1. This Act may be cited as the "Drug Abuse Education Act of 1970".

STATEMENT OF PURPOSE

Sec. 2. (a) The Congress hereby finds and declares that drug abuse diminishes the strength and vitality of the people of our Nation; that such abuse of dangerous drugs is increasing in urban and suburban areas; that there is a lack of authoritative information and creative projects designed to educate students and others about drugs and their abuse; and that prevention and control of such drug abuse require intensive and coordinated efforts on the part of both governmental and private groups.

(b) It is the purpose of this Act to encourage the development of new and improved curricula on the problems of drug abuse; to demonstrate the use of such curricula in model educational programs and to evaluate the effectiveness thereof; to disseminate curricular materials and significant information for use in educational programs throughout the Nation; to provide training programs for teachers, counselors, law enforcement officials, and other public service and community leaders; and to offer community education programs for parents and others, on drug abuse problems.

DRUG ABUSE EDUCATION PROJECTS

Sec. 3. (a) The Secretary shall carry out a program of making grants to, and contracts with, institutions of higher education, State and local educational agencies, and other public and private education or research agencies, institutions, and organizations to support research, demonstration, and pilot projects designed to educate the public on problems related to drug abuse.

(b) Funds appropriated for grants and contracts under this section shall be available for such activities as—

(1) projects for the development of curricula on the use and abuse of drugs, including the evaluation and selection of exemplary existing materials for use in elementary, secondary, adult, and community education programs;

(2) projects designed to demonstrate, and test the effectiveness of curricula described in clause (1) (whether developed with assistance under this Act or otherwise);

(3) in the case of applicants who have conducted projects under clause (2), projects for the dissemination of curricular materials and other significant information regarding the use and abuse of drugs to public and private elementary, secondary, adult and community education programs;

(4) evaluations of the effectiveness of curricula tested in use in elementary, secondary, and adult and community education programs involved in projects described in clause (2);

(5) preservice and inservice training programs on drug abuse (including courses of study, institutes, seminars, workshops, and conferences) for teachers, counselors, and other educational personnel, law enforcement officials, and other public service and community leaders and personnel;

(6) community education programs on drug abuse (including seminars, workshops, and conferences) especially for parents and others in the community;

(7) evaluations of the training and community education programs described in clauses (5) and (6), including the examination of the intended and actual impact of such programs, the identification of strengths and weaknesses in such programs, and the evaluation of materials used in such programs;

(8) programs or projects to recruit, train, organize and employ professional and other persons, including former drug abusers or drug dependent persons, to organize and participate in programs of public education in drug abuse.

In the case of activities described in clauses (4) and (7), the Secretary may undertake such activities directly or through grants or contracts.

(c) In addition to the purposes described in subsection (b) of this section, funds in an amount not to exceed 5 per centum of the sums appropriated to carry out this section may be made available for the payment of reasonable and necessary expenses of State educational agencies in assisting local educational agencies in the planning development, and implementation of drug abuse education programs.

(d)(1) Financial assistance for a project under this section may be made only upon application at such time or times, in such manner, and containing or accompanied by such information as the Secretary deems necessary, and only if such application—

(A) provides that the activities and services for which assistance under this title is sought will be administered by or under the supervision of the applicant;

(B) provides for carrying out one or more projects or programs eligible for assistance under subsection (b) of this section and provides for such methods of administration as are necessary for the proper and efficient operation of such projects or programs;

(C) sets forth policies and procedures which assure that Federal funds made available under this section for any fiscal year will be so used as to supplement and, to the extent practical, increase the level of funds that would, in the absence of such Federal funds, be made available by the applicant for the purposes described in subsection (b) of this section, and in no case supplant such funds; and

(D) provides for making such reports, in such form and containing such information, as the Secretary may reasonably require, and for keeping such records and for affording such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports.

(2) Applications from local educational agencies for financial assistance under this section may be approved by the Secretary only if the State educational agency has been notified of the application and been given the opportunity to offer recommendations.

(3) Amendments of applications shall, except as the Secretary may otherwise provide by or pursuant to regulation, be subject to approval in the same manner.

(e) There are hereby authorized to be appropriated $5,000,000 for the fiscal year beginning July 1, 1970, $10,000,000 for the fiscal year beginning July 1, 1971; and $14,000,000 for the fiscal year beginning July 1, 1972, for the purpose of carrying out this section. Sums appropriated pursuant to this section shall remain available until expended.

COMMUNITY EDUCATION PROJECTS

SEC. 4. There is authorized to be appropriated $5,000,000 for the fiscal year beginning July 1, 1970, $10,000,000 for the fiscal year beginning July 1, 1971, and $14,000,000 for the fiscal year beginning July 1, 1972, for grants or contracts to carry out the provisions of this section. From the sums available therefore for any fiscal year, the Secretary of Health, Education, and Welfare is authorized to make grants to, or enter into contracts with, public or private nonprofit agencies, organizations, and institutions for planning and carrying out community-oriented education programs on drug abuse and drug dependency for the benefit of interested and concerned parents, young persons, community leaders, and other individuals and groups within a community. Such programs may include, among others, seminars, workshops, conferences, telephone counseling and information services to provide advice, information, or assistance to individuals with respect to drug abuse or drug dependency problems, the operation of centers designed to serve as a locale which is available, with or without appointment or prior arrangement, to individuals seeking to discuss or obtain information, advice, or assistance with respect to drug abuse or drug dependency problems, arrangements involving the availability of so-called "peer group" leadership programs, and programs establishing and making available procedures and means of coordinating and exchanging ideas, information, and other data involving drug abuse and drug dependency problems. Such programs shall, to the extent feasible, (A) provide for the use of adequate personnel from similar social, cultural, age, ethnic, and racial backgrounds as those of the individuals served under any such program, (B) include a comprehensive and coordinated range of services, and (C) be integrated with, and involve the active participation of a wide range of public and nongovernmental agencies.

TECHNICAL ASSISTANCE

SEC. 5. The Secretary and the Attorney General (on matters of law enforcement) shall, when requested, render technical assistance to local educational agencies, public and private nonprofit organizations, and institutions of higher education in the development and implementation of programs of drug abuse education. Such technical assistance may, among other activities, include making available to such agencies or institutions information regarding effective methods of coping with problems of drug abuse, and making available to such agencies or institutions personnel of the Department of Health, Education, and Welfare and the Department of Justice, or other persons qualified to advise and assist in coping with such problems or carrying out a drug abuse education program.

PAYMENTS

SEC. 6. Payments under this Act may be made in installments and in advance or by way of reimbursement, with necessary adjustments on account of overpayments or underpayments.

ADMINISTRATION

SEC. 7. In administering the provisions of this Act, the Secretary is authorized to utilize the services and facilities of any agency of the Federal Government and of any other public or private agency or institution in accordance with appropriate agreements, and to pay for such services either in advance or by way of reimbursement, as may be agreed upon.

DEFINITIONS

SEC. 8. As used in this Act—

(a) The term "Secretary" means the Secretary of Health, Education, and Welfare.

(b) The term "State" includes, in addition to the several States of the Union,

the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the Virgin Islands, and the Trust territory of the Pacific Islands.
Approved December 3, 1970.

Mr. BRADEMAS. The Select Subcommittee on Education of the Committee on Education and Labor will come to order for the purpose of conducting an oversight hearing on the implementation of Public Law 91–527, the Drug Abuse Education Act of 1970, and for the consideration of the extension of that act for an additional 3 years.

The Chair will observe that this act, approved in 1970 without a dissenting vote in either the House or Senate, was passed as a result of the concern of Members of Congress that we needed effective educational programs in our schools, and at the community level, in order to help combat the national problem of abuse of dangerous drugs.

Specifically, the law provided for the development and evaluation of teaching materials for drug abuse education, the training of teachers and other public service personnel, as well as community education programs. The legislation focuses on the elementary and secondary school level.

The Chair should observe, as well, that in approving this legislation, the Congress had in mind the words of President Nixon in March 1970:

> There is no priority higher in this Administration than to see that children—and the public—learn the facts about drugs in the right way and for the right purpose through education.

In making that statement, the President was echoing his own remarks in December 1969 at the Governors' Conference on Narcotics and Drugs when he said:

> Drug abuse has become a national problem requiring a nationwide campaign of education.

What has been the result of this concern for, to use the President's words, "a national problem requiring a nationwide campaign of education"?

The Chair will not bore those in attendance today with the long litany of his own complaints, or the complaints of other members of the subcommittee, about the implementation by the Administration of the provisions of the Drug Abuse Education Act, but would, instead, refer to the words of John Beckler, an Associated Press correspondent who specializes in education legislation, who wrote an article about this act in the October 16, 1972 issue of School Management. Mr. Beckler said:

> Like an author whose book is freely dramatized by Hollywood, Congress is [illegible]ing a hard time recognizing its handiwork in the Drug Abuse Education Act [illegible] 1970 as it is being administered by the U.S. Office of Education.
>
> [illegible] intent of Congress was not hard to determine, said Mr. Beckler, and he [illegible]ued: "The major thrust of the Act as it passed both House and Senate without a dissenting vote was on the development and evaluation of materials for teaching drug abuse studies. In short, a school-based education program.

In spite of the President's lofty rhetoric in support of education about drugs, said Mr. Beckler:

> The orphan status of the legislation was quickly established when the Administration failed to ask for any money to fund it in the final Supplemental Appropriation Act of 1970, although the fiscal year still had nearly eight months to [illegible]. Congress, unasked, appropriated $6 million and forced it on the Administration.

> The Administration spent the money, but not for the purpose the authors of the Act intended. It has gone primarily to carry on State projects begun under the National Drug Education Training Program, to launch community projects, and to train broadly based community teams in which educators play minimal roles.

Now we find, after 3 years of the administration wilfully ignoring the intent of Congress with respect to the Drug Abuse Education Act, that the administration casually assures us that we do not need to extend the life of this legislation because the Director of the Special Action Office has sufficient authority, under other law, to fund drug abuse education efforts.

The Chair would, before proceeding further to express some of his own concerns, like to yield to the able gentleman from Washington, Mr. Meeds, the original sponsor of this legislation, for such comments as he may wish to make. Mr. Meeds?

Mr. **Meeds.** Thank you very much, Mr. Chairman.

I introduced the new bill before us as a simple extension of the Drug Abuse Education Act not because I was satisfied with what had been happening under the drug abuse education legislation so far, but because I was considerably less than satisfied.

I think there is a real need for us to take a continuing look at what has been happening in the Office of Education in the administration of this act, and to make some judgments about that action.

It seems to me that the statement of one journalist on this issue is pretty apropos of what the chairman has said. As that journalist put it, "3 years and $19 million later, USOE is still not on drugs." I view this as one of the major indications of our failure to accomplish the goals of the act.

Statements such as that, statements such as "Drug education may not only fail to impede the use of drugs; it may actually exacerbate drug use," and that is a statement from someone in OE, are the types of statements that are being widely publicized as indicative of the failure under this act to achieve actual education in drug abuse.

It seems to me that if these statements are true, and I certainly do not believe that they are, at least if we are using "education" in the true sense, then we really have to make some hard decisions about whether or not we wish the Office of Education to even continue with this program.

We knew back in 1969 when we originated this act that we didn't have all the answers. In fact, we felt we had very few of them. That is why we established this as a developmental bill. We specifically sought that curricula be developed under the legislation, that testing and evaluation of that curricula and other curricula that might be developed elsewhere be carried out and dissemination of successful curricula, training of teachers in the effective use of that curricula be initiated. None of these, Mr. Chairman, it seems to me have satisfactorily progressed under the Office of Education, under the original intent of this bill.

So I think we have some very serious questions to ask the Office of Education in the administration of this legislation, and I certainly intend to ask those tough questions.

Mr. **Brademas.** Thank you, Mr. Meeds.

I might say one further word by way of setting the stage for our hearings, Dr. Ottina.

As you know, many of us in Congress, especially on this committee and this subcommittee, have been concerned about what we have believed to be the failure of the executive branch of the Government, and more particularly in your case the Department of Health, Education, and Welfare, to comply with the intent of Congress in the implementation of the laws that Congress writes. The bill under consideration today is a good example of our concern. That is the fundamental reason for these oversight hearings.

We want to find out, for example, among other matters: First, what the Office of Drug Abuse Education in the Office of Education plans to do with the $3 million included in the President's budget for fiscal 1974.

Second, what educational activities will be carried out by the States under section 409 of the Drug Abuse Office and Treatment Act of 1972.

Third, what the administration plans to do with the funds included in the continuing resolution, those funds which financially support the Office of Drug Abuse Education through September of this year at the $12.4 million level that Congress provided for fiscal 1973.

Fourth, what the administration plans to do with the $12.4 million for drug abuse education included in the House-passed Labor-HEW appropriations bill for fiscal 1974.

And fifth, Dr. Ottina, I would like your comment on the anticipated relationship between the Office of Education and the National Institute of Mental Health with respect to drug abuse education.

So we are very pleased to have with us today, Dr. John Ottina, the U.S. Commissioner of Education-designate, accompanied by Dr. James Spillane, the Associate Director of the Office of Drug Abuse Education.

Would you like to go ahead, Dr. Ottina?

STATEMENT OF DR. JOHN OTTINA, COMMISSIONER OF EDUCATION-DESIGNATE, ACCOMPANIED BY DR. JAMES SPILLANE, ASSISTANT DIRECTOR, DRUG EDUCATION, NUTRITION AND HEALTH PROGRAMS

Dr. OTTINA. I will be very pleased to do so, Mr. Chairman and members of the subcommittee.

We are pleased to appear before this subcommittee to describe not only the efforts which have been made under the Office of Education program to support grants for research, demonstration, and pilot projects in drug abuse education, but also to explain our plans for the expenditure of the $3 million requested for fiscal year 1974 under Public Law 92–255. The National Drug Abuse Office and Treatment Act of 1972.

Mr. BRADEMAS. Did I understand that you did not indicate that you were going to tell us what is being done to expand the moneys voted under the Drug Abuse Education Act?

Dr. OTTINA. No, I did not state that as yet, Mr. Chairman. We will give you as much information as we are able to. This being rather early in the fiscal year, I am sure you understand that our plans are not fully developed.

Very clearly, in the case of the $3 million that we have requested, we will give you much more detailed information and plans than we will be able to in other areas. If I may proceed——

Mr. BRADEMAS. Please.

Dr. OTTINA. Over the past few years there has been substantial support for various types of drug abuse information programs in the belief that knowledge of the adverse consequences of drug use would be effective in discouraging drug abuse.

Let me add that information and education are not synonymous. What we are talking about here is information.

Mr. BRADEMAS. May I also add that what we are interested in is education, not so much information.

Dr. OTTINA. Indeed, I agree.

For example, the National Coordinating Council of Drug Abuse Education reviewed 212 drug-abuse information films, filmstrips, and slides for their scientific accuracy and their propriety for drug abuse education programs during 1971–73. Only 15 of these films were found to be adequate for use in drug abuse education programs. To date, the lack of evidence to demonstrate that this information approach is effective has been discouraging, and perhaps this is the statement that Mr. Meeds was also referring to.

We do have and we will be pleased to submit for the record some 8 to 10 evaluations on this particular topic which shows that there has been lack of evidenec, information per se, in dealing with this problem.

Mr. BRADEMAS. I think, Dr. Ottina, since you have a lengthy statement, that you might save yourself a lot of trouble in skipping over the "information" section, because we are in agreement with you and we have never contended that information is the same as education.

Dr. OTTINA. Thank you, Mr. Chairman, I would like to insert excerpts from these evaluations at this time.

[The information referred to follows:]

DRUG INFORMATION—DRUG EDUCATION

UNESCO—Meeting on Education in More Developed Countries to Prevent Drug Abuse, Paris—December 1972

"Drug information is a form of communication which simply imparts factual knowledge or transmits cognitive learning. It is a fairly limited process in which the main elements are usually information concerning the drugs themselves and their (harmful) effects upon people, along with instruction regarding drug-control legislation and other forms of social control. *Drug Education*, on the other hand, is a broad range of concerted activities relating to teaching/learning situations and experience which attempts to maximize opportunities for the intellectual, emotional, psychological and physiological development of young people. It involves the total educational process embracing both cognitive and affective domains."

The Dimensions of Drug Abuse—John Swisher—Pennsylvania State University

"In two high school studies Swisher and Crawford (1971) and Swisher, Warner, and Herr (1971), it was found that increasing the student's knowledge and understanding about drugs did not lead to more conservative attitudes or behavior. Thus, the doubts about the adequacy of a cognitive approach to drug education held by many educators seem warranted. . . . Seymour Halleck (1970), Director of Student Psychiatric Services at the University of Wisconsin, raises several points concerning the efficacy of traditional cognitive drug abuse programs. He indicates that, under certain circumstances, drug education may actually increase and encourage drug use, and illegal drugs may become more acceptable to us."

Drug Education Study—Dr. Richard B. Stuart—University of Michigan 1972

". . . the increased knowledge about drugs gained by students in drug education classes led to loss of fears that had deterred drug use. Six hundred junior high school students who were exposed to a drug education program sharply increased their experimentation with drugs."

HEW/NIE PREP Report No. 36—Drug Education

". . . it is good to keep in mind the potential fallacies and dangers of an informational approach to drug education. First, such an approach presumes that information modifies behavior. There is little evidence to support that presumption. What's more, if the information is not factual and complete, it may well lead to drug experimentation."

Evaluation of Drug Education Programs—Macro Systems Report—June 1972

"The unquestioned premise of education in general, and drug education in particular, holds that one can change behavior through information and education. There appears to be at least as much evidence disproving this premise as that supporting it. . . . It seems evident from this study that perceptions of the dangers of drugs do not necessarily lead to desired behavioral change, and that drug use cannot be explained or predicted by any single set of circumstances."

Drug Education: Pushing or Preventing? Peabody Journal of Education, October 1971

"The purpose of this article is to examine the assumption that drug education based on informational approaches may not be sufficient and in fact may be a part of the problem rather than the solution. The negative relationship between knowledge about drugs and attitudes towards drug abuse provides some insight into this problem and suggests that educators proceed with caution if they are to have a positive impact on this increasing social problem."

A Profile of Drug Abuse in the United States—Engineer Strategic Studies Group, Office, Chief of Engineers, Department of the Army

"Scientific facts, no matter how convincing they seem to adults, often fail to persuade the young. There is no evidence to support the assumption that providing facts alone will change behavior. Facts are viewed from a framework of motivation, feelings, and attitudes. Educational programs must deal with the framework as well as the basic facts."

Dealing With Drug Abuse—A Report to the Ford Foundation 1972

"Drs. Thomas Ungerleider, Norman Zinberg, and Helen Nowlis, as well as Professor Kenneth Kenniston, to name a few experts, appear to define a different goal for drug education: to teach youths to make informed decisions about drugs and indeed about every other kind of chemical they ingest. This must include a concentration on teaching elementary students a fundamental respect for the human body and the effects of chemical substances. . . . Professor Zinberg reports on a candid talk about drugs to a Massachusetts high school. Before the lecture, 60 percent of the students said they would not try marihuana; after the lecture, the figure dropped to 35 percent."

The Anti-Smoking Commission: A Study of Television Commercials and Behavior—Public Opinion Quarterly, Volume 35, 1971, pp. 232–248

"The great majority of smokers responded that smoking is hazardous to their health, but relatively few were taking steps to restore cognitive consistency. . . . Mass communications are greatly limited to affect behavior."

The Impact of Information Transmission through Television—Public Opinion Quarterly, Volume 33, 1969, pp. 556–562

"As various experts have noted (e.g., Carlson & McGuire), information need not lead to attitude change, but it is improbable that attitude change occurs without any input of information."

Dr. Ottina. Let me add, as I do there, Mr. Chairman, that we have not, in the program that you have described, supported purely information programs. We have attempted to deal with drug abuse prevention in an educational sense, trying to relate the best knowledge that we have about learning, about motivation, and about growth and development, and about teaching with communication and persuasion.

Prevention in any real sense can be accomplished only by defining drug abuse as the result of complex human behavior, by recognizing that it would not persist unless it served some function, real or imagined, and by reducing the need which it serves or by providing alternative, less destructive ways of meeting that need.

Proceeding from the assumption that drug use and abuse are viewed as complex human behavior, three important, widely accepted assumptions about all human behavior must form the basis of strategies designed to predict, modify or control any behavior.

1. No behavior persists which does not serve some function, real or imagined.

2. All behavior is determined by a combination and interaction of physiological, psychological, social, and cultural forces.

3. Both the functions which behavior serves and the pattern of forces that shape or sustain that behavior vary from individual to individual and from group to group.

These three factors, among others, dictate that there cannot be any single approach to drug use and drug abuse. Different individuals use different substances in different patterns, for different reasons, under different circumstances.

If young people in a lower-middle-class community, which has provided few opportunities for activities that promote personal and social growth, spend most of their leisure time on the street corner and find that sniffing glue provides periodic excitement or relief from boredom, a lecture on the physical dangers of glue sniffing will have little effect. Becoming aware of and responding to their need to enhance their self-image and feelings of competence makes glue sniffing irrelevant, if not counterproductive.

On the other hand, an upper-middle-class community, in which a substantial number of young people are experimenting with or socially using a drug such as marijuana, may find that too many of its young people have perhaps too many opportunities for leisure. These young people are not challenged by school, nor do they look forward to 5 to 10 more years of the same. One viable solution for this community may be looking to its schools to make education more challenging and examining existing resources to make sure that they are providing opportunities for personal and social growth relevant to the goals of their young people.

Depending on community and culture, the primary intervention agent may be the family, the schools, the community, or youth themselves. The most important factor in solving any problem is defining that problem realistically and assessing the human, cultural, and financial resources available to respond to the problem so defined.

In light of this basic philosophy, the Office of Education has a three-pronged program:

1. Schools alone have access to virtually all children and their parents. Hence, the first objective of the Drug Education Program has been to increase the response capability of schools, both to students and to parents, by providing for the training of school/community personnel through 55 State and territorial education agencies.

2. The second thrust has been aimed at those young people not in schools, or sufficiently alienated so that school programs have little

impact on them, via the support of 57 demonstration school/community projects.

Let me add here that there is a relationship that is established with the school even in these projects.

Mr. **Brademas.** I just did not hear your sentence. That there is not?

Dr. **Ottina.** That there is a relationship established between the schools and the community in these projects as well.

3. Experience with both of the above programs has indicated that programs which are appropriate to one community are not necessarily effective in another community.

Our response to this is to train interdisciplinary leadership teams representing all segments of a community in skills to assess their problem and their financial, human, and cultural resources, a thorough understanding of drugs, drug use and the dynamics of the drug scene, skills in communicating with each other and with young people, exposure to a wide variety of materials and techniques, and training in skills in evaluating them and selecting those most appropriate as tools in solving their carefully defined problem. In order to facilitate their access to local community resources, upon return, it is expected that the teams will work in close cooperation with the local authorities.

By March of 1974, under this component of the program which we call Help Communities Help Themselves, over 1,700 community teams will have been trained at eight regional training and resource centers which have been set up for this purpose. Training is supplemented by onsite developmental assistance both before and after training. Through careful monitoring of these efforts, the office is attempting to develop and disseminate models appropriate for a variety of community settings, target groups, and drug abuse prevention problems.

The entire program is deeply committed to timely evaluation of its efforts. The Office of Education program has pursued formative evaluation systematically and vigorously. It has designed and implemented an Information Support System (ISS) which would serve at least four functions:

1. It provides the kind of ongoing information to a given project needs for its own growth and development;

2. It provides the management information necessary to make program decisions;

3. It provides systematic information on a quarterly basis which traces the evolution of the goals, strategies, methods, and activities from its initial proposal to the present; and

4. It provides some data needed for impact evaluation.

Thus, by analyzing the original proposal, development self-reports via ISS data, project officer site visit reports and consultants' technical visit reports, there is a wealth of material available on all aspects of the project, its activities, its target groups and its preception of its successes and failures, together with the reasons.

It should be possible, on this basis of this, to specify at least tentatively the necessary ingredients for "successful" programs for specific problems and specific target groups and to identify potential hazards to be avoided.

The Office of Education is in the process of funding a project for the identification and analysis of successful drug abuse prevention practices. This effort will include the collection of information about the experiences of a number of minigrant teams and other OE drug abuse project grants.

The Office of Education program is also cooperating in two initial evaluations of segments of its program. One, under a contract with the General Research Corporation, will look at the minigrant program. A second, also with General Research Corporation, will look at the school-, community-, and college-based projects.

A major new thrust for fiscal year 1974 will be helping colleges of education develop approaches for preservice teacher training. It is our conviction that all teachers should be prepared to handle drug issues and, therefore, would benefit from a training experience which prepared them to do this. In addition, an increasing number of States are requiring drug education for certification.

For fiscal year 1974, the U.S. Office of Education's drug education program, at the request of the Special Action Office for Drug Abuse Prevention, has requested $3 million under the authorization of Public Law 92–255. At the request of the Special Action Office for Drug Abuse Prevention, the focus of the 1974 program will be primarily on the preservice training of teachers.

The objective will be to demonstrate how institutions involved in teacher education can enhance the competence of teachers and other school personnel they are training to relate better to drug and other social problems in the school communities. Although essentially a preservice thrust, it will also demonstrate how schools of education can collaborate with local schools in the improvement both of preservice and inservice training. It will be a research and development effort with ongoing evaluation of the porgram an important component.

The program strategy at the present time is to select 15 to 20 institutions of teacher education, each of which will be given grants to develop programs of training for drug education, each having the same objectives, but each developing a unique model. The funding level would be approximately $125,000 per institution. The remaining funds would be used to support the Information Support System, evaluation and validation of projects, technical assistance, the training of a national team, and finally, the dissemination of validated programs.

Built into the program would be provisions to bring student, faculty and administration representatives from the teacher education institutions together on a regular basis for problem solving and for management and skills upgrading. Technical assistance and monitoring would be integral parts of the effort and an information support system would allow for ready access to current data on the projects.

Once models for training have been developed, they will be validated with the intent to disseminate as widely as possible models, materials and curriculum guides.

As resources and as "bridging" agencies, the program would work with State departments of education, USOE Resource and Training Centers, National Teacher Centers, and other appropriate USOE-supported programs.

You asked in your introductory statement a couple of other questions, Mr. Chairman, which I will just take a momement to sketch in at the conclusion of my prepared testimony.

First of all, you asked how we were planning to spend $3 million which was requested under Public Law 92–225 and I believe I have covered that point.

Second, you asked about how we relate to the States and other agencies, and I said a little bit about that. Perhaps Dr. Spillane would like to add something to that.

Dr. SPILLANE. We will certainly involve the States in the planning for the $3 million program. We are, for example, having a meeting within the next 10 days to bring in representatives from the State education agencies to work with us on planning the guidelines for this program for 1974.

We would hope that in the actual implementation of the program, we would be working with State education agencies in the States where we are actually supporting college and university projects. This might be particularly appropriate in those States where they have a mandated, competency-based teacher education. Such competencies are some of the outcomes we would expect from these colleges and university projects.

Mr. BRADEMAS. If I could put some questions to you, Dr. Ottina—and I thank you for your statement—I noted, on page 4 of your statement, you say that "The entire program is deeply committed to timely evaluation of its efforts."

Dr. Ottina, on the 4th of June, before this subcommittee, Dr. Peter Bourne, who is Associate Director of the Special Action Office for Drug Abuse Prevention, told us that, "studies of all of the federally sponsored drug education and training programs have been undertaken."

When I asked Dr. Bourne to be more specific about these studies and to tell us the criteria used to measure the effectiveness of drug education programs, he was not able to do so.

On the 6th of June, 2 days later, Dr. Helen Nowlis, who is the Director of the Office of Drug Abuse Education, told the Special Studies Subcommittee of the House Government Operations Committee: "In other words, we do not just run it"—that is to say, drug abuse education program—"for 2 years and then evaluate it."

Now, on the one hand Dr. Bourne on behalf of the administration implies that the Drug Abuse Education Act should not be extended based on evaluations which he is not able to describe to the members of this authorizing committee.

On the other hand, Dr. Nowlis, who has responsibility under the act for operating the program, tells us that it has not operated long enough for an adequate evaluation.

Where does that leave us, as Members of Congress who want some responsibility, who want some accountability on your part for operating this law as Congress intended?

Dr. OTTINA. I can speak, Mr. Chairman, to the second aspect of that question, primarily those programs that are operated under the auspices of the Office of Education. In these programs, Mr. Chairman, we have adopted the philosophy that I have stated earlier: that the needs, the goals and the projects, will differ from community to community. We have asked and required, as our testimony stated, that each of the projects specify what they are trying to accomplish, and that they be held accountable at the end of the project for measurement against those particular goals.

Our information system and our evaluation is really on a project-by-project, community-by-community basis. We look at what a community said their problem was and what success they have had in ameliorating that particular problem. That is a one-by-one type of evaluation.

Mr. **Brademas**. Let me put to you the same question I put to Dr. Bourne.

What are the criteria by which you propose to evaluate, or what other criteria are proposed by the States and local communities, to evaluate the effectiveness of the drug abuse education programs?

Dr. **Ottina**. Again, Mr. Chairman, and I am not trying to make a distinction about words. There is a difference between evaluating the total effectiveness of a national program and evaluating the effectiveness of a particular project in a particular community, to a particular thing. What I was describing in my testimony was the letter, and not the former.

Mr. **Brademas**. Give us the criteria for either.

Dr. **Ottina**. What we are using in the latter case, the particular project, is the criteria that have been established with that project. In some cases it may be the elimination or the reduction of some numbers of children who are using drugs. It may be a specific drug. It may be a program that is designed to develop a different kind of relationship with the school, and it could be measured in school attendance.

So it would vary greatly from project to project. It is not the national scope you are looking for.

Mr. **Brademas**. So there does not exist in the Drug Abuse Education Office of the Office of Education any national program for evaluating the effectiveness of drug abuse education programs?

Dr. **Spillane**. That is not correct.

Mr. **Brademas**. That is what I took Dr. Ottina to be telling me.

Dr. **Ottina**. I was describing the second aspect of your question. I had not gone to the first aspect.

Dr. **Spillane**. We recently let a contract for the first step, an evaluation of our entire program. Basically, the first stage will identify and validate successful or promising practices in——

Mr. **Brademas**. Successful what?

Dr. **Spillane**. Practices or activities.

Mr. **Brademas**. How do you define success? That is what I am trying to get at.

Dr. **Spillane**. The success would probably be defined by the local criteria.

Mr. **Brademas**. That is exactly the answer Dr. Ottina gave me. What I want to know is not what the local criteria are—although I would be very much interested in your giving us a compilation of the criteria adduced by States and local communities across the United States for measuring the effectiveness of drug abuse education programs. I would be rather surprised, in all candor, if you were able to come up with some criteria, but if you were, we would like to see them.

But you still are not responding, either of you, I hope you will allow me to say, to my question.

To reiterate: I am not asking what kind of criteria are established by local communities.

What I want to know is what kinds of criteria do you here, in Washington, D.C., who administer this program, have for determining the "success" or "effectiveness" of these programs?

Dr. **Spillane**. Again, since there is no one drug abuse problem, there are many drug abuse problems, just as there are many communities——

Mr. **Brademas**. I did not say "criterion"; I said "criteria" plural.

Dr. **Spillane**. At this stage, sir, we can only validate what appears to be working at the local level with the intention of disseminating these results to other communities, other parts of the country, who have the same type of problem. Essentially, we are looking at a variety of problems in a variety of communities, and are attempting to identify a variety of practices which seem to be meeting with some success in attacking the local problem.

Mr. **Brademas**. Dr. Ottina and Dr. Spillane, let me tell you that just over a year ago, on the 20th of July 1972, this subcommittee was told by Dr. Nowlis, and I quote her:

> We have set in motion a number of programs and processes from which we hope to learn a great deal in the next six to eight months. I do not want to start other new projects until I have evaluated the projects we have.

She did not say, and I am here citing the woman who administers this program nationally, "until we have received from across the United States the valuations of communities and States." She said "until I have evaluated the projects we have."

Now, to quote the distinguished Senator from North Carolina, "English is also my mother tongue." I understand Dr. Nowlis' comment to mean that there is some process or system of evaluation here in the national office. Now, what happened to these evaluations? Where are they?

Dr. **Spillane**. We have a good deal of information data in our information support system; quarterly reports, quarterly growth reports, activity reports all of which measure the success in meeting objectives. It is a sort of discrepancy-type evaluation, if you will. This will be the data which is being utilized in this overall evaluation contract which I mentioned that we have just let. So we are now in the process of pulling our data from the ongoing projects.

Mr. **Brademas**. Don't you think that is a little after the commitment by the chief administrative officer of this program, to tell us 1 year later that you are now letting the contract? You can give me a straightforward answer.

Dr. **Spillane**. We had to wait until the the models were in position to be validated. We waited 2 years, and are ready now to take a very close look at the models.

Mr. **Brademas**. That is a very revealing statement. You said, "We had to wait until the models were ready to be validated." I have before me a statement from the budget document, issued by the Office of Management and Budget, justifying why the administration wants to kill the Drug Abuse Education Act, and this is what the budget document says:

> Although the problems addressed by these programs are still very much present, it is believed that the Federal support provided to date has focused sufficient attention on these problems and has provided models for dealing with them so that the Federal effort can now be dismissed and increased reliance placed on State and local agencies for continued work in these areas.

How can you possibly reconcile that statement with the statement you have just given us?

Dr. Spillane. Maybe I should not have used the word "model." I think Dr. Nowlis indicated in her testimony that right now, without the proper information, there is no model that she would stand behind—at this point of time.

I would remind you that there are presently three contracts which are taking a look at our projects. We should have data by the end of this next fiscal year.

Mr. Brademas. Then why in the world do you want to discontinue the program? Why is it that the administration is opposed to continuation of a program which you are here today telling us that you have not yet evaluated? You are even letting out contracts for evaluation as we sit here. How can you possibly justify a position of terminating the program?

Dr. Ottina. Mr. Chairman, part of the confusion here is that we are asking for continuation of funds under a different authority. There is a program under SAODAP that we are indeed focusing some funds and some effort on.

Mr. Brademas. You are not seriously suggesting to this subcommittee, Dr. Ottina, that you are seeking to continue the programs that are authorized under the Drug Abuse Education Act of 1970 under other legislative authority, because that is what I heard you saying.

Dr. Ottina. No, I am not. I am talking about the drug abuse problem and not the projects or programs.

Mr. Brademas. Let us get that straight, because my point, you will understand, is directly responsive to what you have just said. You see, I asked Dr. Spillane and you why—due to the fact that you are now beginning to evaluate the effectiveness of the programs authorized by the Drug Abuse Education Act—you propose to terminate the program and oppose the extension of it?

Then you respond to that question by telling me that you can carry on programs under other legislative authority. When I ask you about that, you say they are not the same kinds of programs.

You understand, I am just a simple country boy from Indiana. I have a hard time understanding that kind of response. Can you give us an answer to that?

Dr. Ottina. I can give you an answer that you may find satisfactory or not satisfactory.

Mr. Brademas. What are you going to do with the money?

Dr. Ottina. A lot of the approach to drug education and a lot of what we are doing depends a great deal on your philosophy of how to attack the problem. It also depends on what you believe, one believes, the Federal role and responsibility——

Mr. Brademas. I am not asking what you believe the Federal role should be. I am asking about what you propose to do to carry out the law passed by the Congress of the United States.

What do you propose to do with the money that has already been appropriated by Congress under the Drug Abuse Education Act? You have money under this act.

Dr. Ottina. There is a continuing resolution which provides funds under the Drug Education Act.

Mr. **Brademas.** That is correct. What are you going to do with that money?

Dr. **Ottina.** If those are the funds that you are considering as being appropriated, then we can talk about that. Funds have been appropriated that correspond to the $3 million that we were formerly discussing earlier in the testimony.

Mr. **Brademas.** Maybe we are not understanding each other, Dr. Ottina.

Dr. **Ottina.** I think we are, sir.

Mr. **Brademas.** Congress has appropriated money for the Drug Abuse Education Act.

Dr. **Ottina.** Not for 1974. They have provided a continuing resolution.

Mr. **Brademas.** Under the continuing resolution, Congress has provided money that is to be expended in the fiscal year 1974. What are you going to do with that money?

Dr. **Ottina.** Congress has provided authority for us to expend under the continuing resolution——

Mr. **Brademas.** Yes. We have provided you the money. We have voted the dollars. What are you going to do with the money?

Dr. **Ottina.** Up to $12.4 million.

Mr. **Brademas.** What are your plans for the expenditure of that money?

Dr. **Ottina.** We are, as I am sure you understand, Mr. Chairman, still in the process of dealing with the Office of Management and Budget in determining our fiscal plans for 1974.

Mr. **Brademas.** This is fiscal 1974, Dr. Ottina.

Dr. **Ottina.** I understand that, sir. I also understand that there is a period of time at the beginning of the year in which allotment on particular programs are part of the necessary procedures in solving and dealing with the Government problems of financing. Those actions have not yet occurred. We do not have, as yet, allotments for this particular program. We expect them very shortly.

Mr. **Brademas.** Is that a polite way of telling the members of this subcommittee that the administration proposes to impound the money appropriated by Congress for this program?

Dr. **Ottina.** I do not know the answer to that question.

Mr. **Brademas.** You cannot tell us that, in point of fact, the administration will spend the moneys appropriated by Congress for the Drug Abuse Education Act in fiscal 1974 under the continuing resolution?

Dr. **Ottina.** I would word that statement slightly differently. I would say that I cannot tell you the amount of money that the administration will spend under the continuing resolution.

Mr. **Brademas.** I am shocked by that response, Dr. Ottina, especially after the rhetoric that we have heard from the administration about the importance of drug abuse education.

Your answer implies that you will expend some of the money. The House just yesterday voted a bill with respect to this matter of impoundment.

I have some other questions, Dr. Ottina. As a matter of fact, I have a lot more questions, but I want to yield for a time to the gentleman from New York, Mr. Peyser, who has worked very hard on this legislation.

Mr. Peyser. Thank you, Mr. Chairman.

Dr. Ottina and Dr. Spillane, we are glad to have you with us this morning. In a way, I am sorry it is under these circumstances because we seem to be a little in disagreement as to what is happening in this program.

I think specifically what I would like to get at is this question of your evaluation which the chairman has spoken of briefly, but I would like to bring out a piece of testimony from the Office of Education in February of 1973. This states, speaking of schools and communities participating in the program:

> Education has been provided for 8,000 students and parents, and direct services to more than 15,000 young people of all ethnic and sub-economic levels by a Hot Line Crisis Center, Rap Centers, and so forth.

You have reached millions through indirect services, mass media, et cetera. As I read this particular report, it would seem that (1) you have made an evaluation on the numbers of people evidently that have been reached in various programs. This is a statement from the Office of Education.

My question is: Do you get down into any of these programs, and I would like to speak to a couple of specific ones, but have you evaluated any complete program at this time? In other words, you could say there is a program in New York City or a program in Chicago, or wherever it may be, that you have actually evaluated and, if so, what would the evaluation be of that type of program?

Dr. Spillane. When you indicate a complete program, do you mean a complete program that we would be supporting, sir?

Mr. Peyser. Yes. A program you may be supporting in conjunction with perhaps a State-supported program. In other words, where the State is putting money in and you are putting money in, in a program of drug abuse education, perhaps even under title III of the Elementary and Secondary Education Act, which you two, I understand, are involved in.

Dr. Spillane. That is correct.

Mr. Peyser. Do you have any program in any one of the school areas or community areas that you can earmark for it as to a specific program?

Dr. Spillane. That we have evaluated?

Mr. Peyser. Yes; that you have evaluated.

Dr. Spillane. This is one of the things that we will, of course, be looking at during this coming fiscal year in the three evaluation contracts that we have let.

Mr. Peyser. In other words, what you are saying, as I understand it, is that at this time, after, let us say, 2½ or 2 full years of work, we don't have one program that you really have an evaluation of in your office, a full evaluation, that can say that this program was a very successful one because it reached so many, or because it produced certain results, or it was unsuccessful.

Dr. Spillane. We can provide all sorts of data, raw data, on our projects right now that we have been accumulating through the information support system.

Mr. Peyser. That is not the same as your appraisal of the program.

Dr. Spillane. This is the next step. We have a variety of raw data that we now have to take a closer look at in terms of impact evaluation.

Mr. PEYSER. I am not an expert in this field, even though I have been actively involved in it for some time. I have observed a program in District 10 of the Bronx, in School District 10, that is a very comprehensive drug abuse education program, supported by funds from this program as well as from New York State. This is a program that I have personally gone through and evaluated, and I have evaluated it as an outstanding program because it reaches a very broad spectrum. It not only reaches the students in school through a very close, personal contract arrangements; it has an ongoing teacher training program involved in teaching drug abuse education in the system.

It has a social service program coordinated with it going into the homes of students who are suspected of having any problems. It is Legal Service-connected. It is a complete program.

Now, what I would like to see, of course, is your office, having looked at a program like that, being able to say, "Now here is a model that is really working, really doing something, and we ought to be promoting it in city areas such as in New York City or in other city areas," because one solution does not answer all the problems.

In South Bend, Ind., the problem may be different than it is in Bronx County, New York City. But without that evaluation being made by you, what really disturbs me is that there is an attempt at this time to curtail the funds.

Now, I am willing to support cutting funds in a program such as this if we find in practice that the program really is not functioning: even though we have given it a trial, we are finding that schools either misuse the money or nobody seems to know what to do with it, or nothing has come out of it.

New York State, incidentally, put last year $18 million into drug abuse education. Now, that is over six times what is being suggested on a Federal level this year by the administration.

I think you have us in a very difficult position here. We are seeking some sort of evaluation as a reason to end the program or curtail it, and you, in effect, as I understand it, are simply saying that at this time there is no real evaluation, but we are going to curtail the program or terminate it and then make the evaluation. I don't know what you do if you find that it has been highly successful.

Dr. OTTINA. May I make a few introductory remarks to your statement before Dr. Spillane answers it in detail?

In the sense of the word "evaluation" that you used, we have a great deal. That is not the sense of the word "evaluation" that we have been conveying. Perhaps there is a misunderstanding on that score.

For each of the programs, we do have information that describes what the projects are doing, describes the number of people that are involved, who they are, what their characteristics are, what kinds of problems they have. It describes over time, and it can show changes in those characteristics and problems.

In most cases we have had OEO physicians visiting the projects, and they have assessments of how well they are doing, just as you, Mr. Peyser, when you visited, had assessments. But we don't have a carefully designed statistical evaluation of it. That is what we are trying to convey. We have a great wealth of information that describes each of these projects in many, many dimensions and terms.

Our purpose in trying to do all this is to do exactly what you are suggesting, and that is to pick out those which work in South Bend, Ind., and suggest to New York City or Miami, Fla., or somewhere else:

> You take a look at this particular project, because this is how they went about solving their problems; these are the results they were able to obtain; these were the materials and methods they used, and you should take a look at it for potential use in New York City or Miami.

Mr. Peyser. I don't think we have any argument with that. I guess what our argument is, and I notice that Dr. Nowlis in her testimony stated they would have to have at least 50 models going at this time to make the appraisals and to really be able to make the studies, now, in effect, if you have to have, and these are large, operating community school models she was speaking of, if you are going to need that money and then you are going to have an evaluation going, that also is going to cost money, how can you do it on $3 million to keep the whole program going?

It seems to me there is not enough money to carry out the projects because the projects that are ongoing, supported by this program, of necessity, if we stay with the $3 million figure, are going to be terminated. This seems to be in conflict.

Dr. Ottina. Let me make it very clear, because Mr. Brademas has pointed this out: The $3 million does not keep the project in place. It is used substantially for different purposes than the old projects under the old authority, if I can use the word "old" there just to differentiate.

Mr. Peyser. If that is so, Doctor, then what keeps the programs that we are going to be evaluating going? Where is that money coming from?

Dr. Ottina. They are what is called forward funded so they are in operation in the present school year. The funds that are used that came from the 1973 appropriations are actually spent during the school year of 1973–74. So they are, in a sense, operational still.

Dr. Spillane. They will be in operation until June 1974, sir. The evaluation contract we let was also from fiscal 1973 funds.

Mr. Peyser. Aren't you placing the future of the program in complete jeopardy if your evaluation proves to be a good one, if the evaluation of this program is that you find that there are many very valuable projects on this whole system? The time of evaluation is very discouraging to me.

Let me give you a very specific example coming back to the New York City school district that I spoke of that seems to have an excellent ongoing program. I found in moving around in New York City and in Westchester, a county which I also represent, and the city of Yonkers, that in that area they weren't aware that this is a program that had even been going on in that district.

Now, you can say that the State should be involved in that, and I agree; I have made the same point with the State. It seems to me that part of the job of this office would be to keep the areas around involved and informed on what was going on.

Here you have a school district that is not more than 2 miles away from any other major area, having exactly the same problem, and they don't know what is happening. If nothing else, there ought to be a source of central communication.

I will finish up my time at this point because I know there are other questions to be asked.

I think from what you have said, somehow we seem to be on the wrong track here of terminating or considering terminating a program before we have real evaluation of it. I think that in my opinion we are dealing with what is recognized as a national problem, and this administration has certainly addressed itself to this problem in many ways and has made major moves. I think they have made more moves and directed more money into this drug problem than any other administration at any time.

The point is that here we are, in a key area of education of young people, and why they should not be involved in these areas and reaching them in a variety of ways, and here is a key program—this is not rehabilitation; this is prevention—and we are dropping it. To me, that does not make sense when we don't have a real evaluation at this time.

Mr. Chairman, I thank you.

Mr. **Brademas.** Mr. Lehman of Florida.

Mr. **Lehman.** Thank you, Mr. Chairman.

When I sit here and listen to this information, I have to relate it to the fact that the whole program is equivalent to 3 days' bombing in Cambodia. You know, that has not exactly proved highly successful either, but I don't see any curtailment particularly in this kind of program.

So I think it all gets back to the kind of priorities that we are dealing with in our country today. What concerns me is the fact that in the two hearings that I have gone to in regard to the drug abuse programs, one in Florida and one in Pennsylvania, there has been no money available for the sixth largest school system in the country, in Dade County, Fla.

They have spent $315,000 in local funds, no Federal funds available. They have not been allocated. They have not been able to receive them.

You go to Pennsylvania, the fifth largest school system in the country, in Philadelphia. The total amount of drug abuse education funds was one minigrant for $2,700.

I questioned the people in regard to this. They say they look in the Federal Register, and among the listings for the grants for the last fiscal year, the grants listed under drug abuse education were not even in the Federal Register.

So it seems to me, on the surface of it, some benign neglect in relation to the drug abuse program at the administration level. My question is: Why is it so difficult for school systems to get the money? Why wasn't a listing made available in the Federal Register if there was money available?

Dr. **Spillane.** It is a matter, first, of funds. As you know, we have been operating at roughly $12 million for the last 2 years. The basic part of operations for the last 2 years has been the continuation of ongoing projects, and our attempt to take these pilot projects to a stage where we could begin to validate them.

Essentially, in terms of large support to a school district over the last 2 years, there has been none except for those that we have been carrying on for the last 2 or 3 years. We learned early in 1971 about the need out there. No one needs to tell us about the need.

We received, in 1971, a total of 900 requests for assistance, totaling something like $75 million, for which we only had $6 million available. On the basis of that, we decided for the next year, in 1972, that we could no longer attempt to serve every community which indeed does have a problem by giving a community, for example, $50,000 or $75,000 or $100,000. There was not that much money.

This is when we devised the "Help Communities to Help Themselves" program. There was a need for trained leadership at the community level. If we could provide that leadership, provide them the know-how so that they could provide their own resources, we might have an impact nationwide on the program with available funds.

Mr. LEHMAN. It is not the fact that the communities haven't tried. We have been having local support of drug abuse programs in my district for 5 or 6 years. I don't know where the money is going, but it is not going to the fifth and sixth biggest school systems in the country.

Dr. OTTINA. I am sure you are aware this is not a formula grant program. It is project grants, there is competition, and awards and decisions are made on that basis.

Mr. BRADEMAS. I was struck, Dr. Spillane, by your response to Mr. Lehman when he told you of the needs of the school systems in his area. You acknowledged the very great need across the country on the part of school systems for these programs.

You said there was not enough money for the schools, and that you were perfectly aware of the need. But rather than supporting a continuation of this program, which would make possible more money, your reaction and the administration's has been to take the modest amount of money that has existed and chop it up into minigrants.

Isn't that a fair assessment of what you have just told the subcommittee?

Dr. SPILLANE. The minigrant route seems to be the only reasonable route to go in terms of the tremendous need out there.

Mr. BRADEMAS. How can you say that? In response to my question, a far more reasonable response would be to ask for some more money.

Dr. OTTINA. Mr. Chairman, I think we are in one of those philosophical areas where we must share with you the belief that the Federal Government is not in a position to support all of education or to support all of drug abuse education.

Mr. BRADEMAS. I don't think that we should. Where did you find in any statement that I made here this morning that proposition?

Dr. OTTINA. It seems to me that as you talk about needs, and as you talk about the need to support all of these needs, that you very quickly come up against——

Mr. BRADEMAS. I have been on this committee 15 years and I think I know how to keep witnesses from putting words in my mouth.

I didn't say that the Federal Government ought to support all drug abuse education. You know I did not say that.

My response to Dr. Spillane's observation that there was not enough money to meet all the needs was, why, therefore, instead of chopping up the existing modest funds, do you not support retention of this program—a program which every member of this subcommittee understands is not going to meet all the needs of the schools of the country?

What do you say to that?

Dr. **Ottina.** My statement leads me down the same road, but let me put the words in my mouth this time instead of yours as you suggested.

The idea here has been to draw attention to the problem, to get communities interested in it, to get them to take their funds and put them into it. Never have we suggested that it become a federally supported program.

Mr. **Brademas.** Who said that you had so suggested? We are the Members of Congress who wrote the law. You know, if you don't like the law, resign from office and go out and get yourself elected to Congress and write the law.

We are asking you to implement the law as it was intended. We are not asking you to impose your own phiosophy on the administration of the law.

I would ask you this question, Dr. Ottina, in view of what you have said: As the Commissioner of Education, did you recommend to the Office of Management and Budget that more moneys be expended under this program?

Dr. **Ottina.** Mr. Brademas, I was not in that position at the time these recommendations were forwarded.

Mr. **Brademas.** Would you now so recommend in view of your testimony this morning in which you and Dr. Spillane acknowledge that there are needs being unmet?

Dr. **Ottina.** I don't know the answer to that question.

Mr. Brademas, I am sure that you are aware that our recommendations from the Office of Education are recommendations within a dollar amount and that we are asked to make judgments on how we would propose to recommend to Congress that x billion dollars be spent.

Certainly it is a program which has a national need. The testimony that you have heard before, our testimony today, all support there is a need out there.

Mr. **Brademas.** Is that the reason that the program was not—and you correct me if I am wrong—listed in the Catalog of Federal Domestic Assistance?

Dr. **Ottina.** I don't know the answer to that question. I was under the impression that it was, but let me just check.

Mr. **Bradmas.** I was struck by what I heard one of my colleagues suggest here——

Dr. **Ottina.** I have heard that, too. I do not have the same knowledge that he has.

Mr. **Brademas.** He was not referring to the catalog. He was referring to the Federal Register and the regulations with respect to applying for funds.

Dr. **Spillane.** That is right, and those were published last December.

Mr. **Brademas.** Is it listed, by the way, in the Catalog of Federal Domestic Assistance?

Dr. **Spillane.** 13.240.

Mr. **Brademas.** It is listed?

Dr. **Spillane.** Yes, it is.

Mr. **Brademas.** What was the position of the Department of Health, Education, and Welfare on the OMB recommendation with respect to money for the Drug Abuse Education Act?

Dr. Ottina. I don't know, Mr. Chairman.

Mr. Brademas. You don't know?

Dr. Ottina. No. You are talking about the 1974 budget?

Mr. Brademas. That is correct.

Dr. Ottina. I do not know.

Mr. Brademas. Do you know what it was for 1973?

Dr. Ottina. I imagine it was the 12.2.

Dr. Spillane. 12.4.

Dr. Ottina. I don't know that as fact, no, sir.

Mr. Brademas. Let me say this, Mr. Commissioner. If you say you don't know what the Department of Health, Education, and Welfare's position is with respect to budget requests to OMB for the Drug Abuse Education Act—you are the Commissioner of Education——

Dr. Ottina. I do not.

Mr. Brademas. The Secretary of the Air Force yesterday said he didn't know that they were bombing over Cambodia.

I guess I am not surprised that we get that kind of response.

Dr. Ottina. You are asking what was the intent of a person who is not here.

Mr. Brademas. I asked you what specifically he requested.

Surely this is a matter of fact. That is not a matter of intent.

Dr. Ottina. The document shows that I have zero, and $3 million under the other authority.

Mr. Brademas. Do you share that recommendation?

Do you agree with that recommendation?

Dr. Ottina. Mr. Chairman, I am in a position where I must agree with the recommendation the administration has made to you.

Mr. Brademas. Mr. Meeds.

Mr. Meeds. How do you mean you are in a position where you must agree with the administration in making a recommendation?

Dr. Ottina. I may not have followed the subtlety of the words.

Mr. Meeds. We were talking about a recommendation, and the chairman just asked you if you agreed with that recommendation.

Dr. Ottina. If I agreed with the recommendation of the administration to the Congress for that amount.

Mr. Meeds. Do you agree with the recommendation of the former Commissioner of Education or whoever made the recommendation for no funds for drug abuse education?

That is the question.

Dr. Ottina. If I may paraphrase your question so that I can fully understand it, you are asking me, sir, if I were the Commissioner of Education at that time or even today——

Mr. Meeds. Mr. Ottina, you are not listening.

The chairman's question to you was: Do you agree with the recommendation which was made by whoever made that recommendation to the Office of Management and Budget?

Mr. Peyser. Will the gentleman from Washington yield for a moment?

Mr. Meeds. No; I would like to get his answer first.

Dr. Ottina. In the context of the question and in the context of the responsibilities that he had in terms of, as I explained earlier to Congressman Brademas, the allocation of resources, the answer is yes.

Mr. Peyser. I just want to say that while there is no question of my own feeling that the approach being taken by the administration on this is certainly not the approach that I in any way support. I do think to put the Commissioner at this point in that position—he is a representative of the administration and has just come into this position prior to the budgeting, and I don't think we can really put him in a position of saying he does or does not agree with that the former Commissioner said.

Mr. MEEDS. With all due respect to my colleague from New York, it seems to me that this man, as Commissioner of Education, must have some ideas and ideals of his own. If he has to submerge those ideas and ideals completely in the administration and does not feel free to make the kinds of recommendation—now, I am not saying that he has to quit if his recommendation is not accepted.

I am simply saying that he ought to feel free to make recommendations.

Mr. PEYSER. I would agree that he should, and certainly I hope does make recommendations, but I don't know that he should be in a position as a member of the administration in front of our committee to expose what might be arguments within the administration operations themselves. I think that would be putting him in an extremely difficult position.

Dr. OTTINA. Let me assure you that I understand your last statement, and I certainly, certainly will make such recommendations. I will even carry it a step further.

If there comes a point in time where I cannot live with the outcome of that recommendation, then I think I am duty bound to resign.

Mr. MEEDS. That is exactly what I would like to hear.

I think we need to hear more of that in this administration.

Let me discuss with you, Dr. Ottina, what has happened in the Office of Education with the administration of the Drug Abuse Education Act.

Could you tell me how much of the total funds, and you don't have to be precise about this, or you can even give it in a percentage if you would like, which have thus far been appropriated, have been utilized for the development of curriculums on drug abuse education?

Dr. OTTINA. We have about 52 projects out of 109. The dollar volume I don't know—perhaps Mr. Spillane can answer that—which are devoted or relate to the development of curriculums, their implementation, and so forth.

Dr. SPILLANE. It is quite difficult really to give the dollar volume, but we could, if you so desire it, sir.

Mr. MEEDS. That was my question.

Dr. SPILLANE. We could certainly ferret it out.

Mr. MEEDS. Could you give me some idea of the percentage of total funds that have been used for development of curriculums?

Dr. SPILLANE. That have been used for the development of curriculums, I couldn't right now.

I simply indicate the variety of activities that have been carried out in cooperation with and in the development of criteria.

Mr. MEEDS. As a matter of fact, is it not considerably less than 5 percent of the total funds?

Dr. OTTINA. I would think not. Mr. Meeds, perhaps we could for the record supply that percentage and, if you would permit, enter a description of what these activities encompassed in these 52 projects.

[The information referred to follows:]

INVOLVEMENT OF NDEP PROJECTS IN CURRICULUM DEVELOPMENT AND IMPLEMENTATION

Approximately 52 out of 109 comprehenseive drug abuse prevention projects supported by the National Drug Education Program are actively involved in the development and/or implementation of curricula or curricular guidelines. These materials deal with both affective and cognitive aspects of the many issues surrounding the drug problem. Of the 52 projects involved in curricula activity, 38 are operated by State and territorial departments of education and 14 are funded through local school districts and community agencies. In addition, approximately 38% of the mini grant teams trained by the NDEP regional training centers are focusing on the development and implementation of curricula appropriate to their individual communities' needs.

Developmental activities of the ongoing projects fall into several categories as follows:

(1) Formulation of statewide or community-wide curricula or curricula guidelines by the funded agency in conjunction with other governmental and/or community agencies. (While much of the activity focuses on K–12 and adult education, several projects target their efforts on specific populations within these ranges—e.g. grades 10–12, K–6; preschool; retired persons.);

(2) Consultation and technical assistance to local schools and school districts requesting assistance with curriculum development;

(3) Provision of courses, seminars, workshops offering teachers and other school personnel opportunities to develop curricula for classroom, schools, and/or school districts; and

(4) Development of pilot or demonstration models of school-based drug education programs in selected local elementary and secondary school districts.

Implementation activities include the following:

(1) Inservice training to introduce and prepare teachers and other school personnel in the use of curricula (Follow-up technical assistance is frequently available to the trainees both on-site and in subsequent workshops.);

(2) Utilization of curricula as part of project activities and services;

(3) Implementation by schools and school districts of statewide and/or community-wide curricula developed by NDEP projects;

(4) Revision of curricula based on projects' experiences in using materials, as well as on experiences of local schools and communities;

(5) Dissemination of curricula, and other pertinent materials, e.g. training manuals and formats; identified resources; films; and

(6) Demonstrations of use of specific curricula in selected sites.

Mr. MEEDS. You see, I am not at this point wanting to talk about the number of projects because I think I know what has been going on over there.

If you will just let me pursue my questions, then, if you want to tell me about projects, fine. And I hope you will remind me if I forget it.

Is it your testimony that you can't tell me at this time the dollar volume or even approximately the dollar volume, or even the percentage, or even approximately the percentage, of money spent for that purpose?

Dr. OTTINA. I would certainly estimate it is more than 5 percent.

Mr. MEEDS. Is it more than 10 percent, Mr. Spillane?

Dr. SPILLANE. I hate to get into a numbers game like that.

Mr. MEEDS. You can't tell me approximately?

Dr. SPILLANE. No, sir.

Mr. Meeds. Could you tell be approximately the dollar volume or percentage of the funds, total funds appropriated under this act that have been utilized for testing and evaluation of curriculms?

Dr. Spillane. Again, I don't have the figures on that either, sir.

Mr. Meeds. Do you, Dr. Ottina?

Dr. Ottina. I don't have the figures.

Your estimate of 5 to 10 percent are probably more nearly correct in this case, however.

Mr. Meeds. Less than 5 percent?

Dr. Ottina. 5 to 10 percent. We will be pleased to do that analysis and submit answers to any questions you ask for the record.

Mr. Meeds. Then could you tell me what percentage of the funds, total funds appropriated under this act have been utilized for the dissemination of curricula which may have been developed or tested by the Office of Education or under grant from the Office of Education?

Dr. Spillane. Again I can't give you the exact figures on that, sir. We can certainly provide them.

Mr. Meeds. Do you have those figures, Dr. Ottina?

Dr. Ottina. No, sir; I do not.

May I ask a question in terms of what your concept of dissemination is here? Would it include providing technical assistance to a project that is starting up such a program and telling them about things that are occurring elsewhere?

Mr. Meeds. Certainly if you are disseminating to them curricula that was developed under this act, it would certainly include that.

Dr. Ottina. There are three, percentage of development of curricula, evaluation thereof, and dissemination?

Mr. Meeds. Correct.

Could you give me some idea of how much the total funds appropriated under this Act have been expended for teacher training?

Dr. Ottina. Would you like that to be all personnel or specifically teachers?

Mr. Meeds. Teacher training, training teachers in the effective use of curricula or programs on drug abuse education.

Do you have that information?

Dr. Spillane. I would say that a good portion of the amount of money that has gone to the State education agencies has gone to teacher training.

Over a 4-day period that has been approximately $10 million.

A variety of our school-based projects have also had teacher training components. Again I cannot give you a breakout of the actual amount.

I think our main vehicles for that would be the state education agency grants.

I would like to submit the answers to your previous questions at this point.

[The information referred to follows:]

In the four years that the U.S. Office of Education Drug Education Program has been operational, the total appropriations have amounted to $34.3 million, of which $1,001,177 have been spent for curriculum development; $399,695 for curriculum evaluation; $1,433,307 for curriculum dissemination; and $5,233,931 for in-service training. This amounts to approximately 25 percent of the total funding.

Mr. Meeds. I appreciate your answers and your candor, both of you, but I think this proves exactly what the Chairman has been saying, and what I have been saying in the past, that the Office of Education in the administration of the Drug Abuse Education Act has not been paying 10 cents worth of attention to what the Congress said.

Now, if you will open the act, you will find that the first purpose is the development of curriculums.

The second purpose is the dissemination or the testing and evaluation of those curriculums.

The third purpose is the dissemination of those tested curriculums.

The fourth purpose is teacher training.

Here you cannot give me even an approximation of the amount of money which has been spent by the Office of Education for the first three major concepts and reasons for this bill.

Doesn't that tell you something?

Dr. Spillane. I think it has been pointed out before, sir, that when the Drug Abuse Education Act was passed, it was decided not to go the straight curriculum route because of the fact that there had been so many curriculums developed throughout the country.

Mr. Meeds. Who made that decision?

Dr. Spillane. That is a programmatic decision that was made by the Office of Education.

I feel sure we are doing exactly what you wish, sir. For 3 years we have piloted demonstration projects from which we are going to be able to identify and validate promising curriculums or practices. Certainly promising activities have been going on out there, that have been going on now for 2 or 3 years, and we will now be in a position to disseminate them.

Mr. Meeds. You have a coordinating council down there that is reading curriculums sent in from other places. You are not spending very much money, if any, on grants and contracts to people to develop curriculums.

You have some people that are reading curriculums and a coordinating council saying whether it is good or not. That is all you are doing.

Dr. Spillane. We are not supporting that activity on the part of the coordinating council. That is supported by the National Institute of Mental Health.

Mr. Meeds. Then you are not doing anything on curriculums.

Dr. Ottina. Mr. Meeds, perhaps I should go back a little bit and describe what I believe occurred here.

I think that there was a point in time where a basic decision had to be made about whether the intent or the method of attack was to develop a whole new series of national curriculums for drug abuse; whether we should look at what we had, and you know there is a geat deal that exists in many localities and even in governments; and/or whether we should work with communities and let them develop particular curriculums to meet their particular needs.

It is this third strategy that was in large adopted.

It was adopted because of the feeling that it is an individual type problem, both in the community and with the particular environment that rests there.

So they are developing curriculums, not big "C", big "U," but they are developing curriculums. They have been developing materials, methods, approaches to combat the very problem you are concerned about.

Our approach was to see what they were doing, to evaluate what they were doing, and then to disseminate what they were doing if it were successful. The approach might have been quite different, sir.

Mr. **Meeds**. As you say, it was a basic value judgment which was made early on, and we are well aware of it on this committee.

I might say, at least speaking for myself, and certainly the chairman who has discussed this before, we are very disappointed in the way that value decision was made because it has led directly to the criticism which we are now hearing about so-called drug abuse education. It is merely drug abuse information and, in effect, it is not effective, with which I agree in terms of having some effect on drug usage by young people in this Nation.

Dr. **Ottina**. I believe my testimony, and I am sure others in the office have tried to distinguish between information and education. I think we have very much tried to say that we do not believe that information, per se, is effective in dealing with the drug problem. Our program is not—let me underline not—aimed at providing information, but is aimed at providing education.

When we are making that statement, we are not making it, I hope, in the sense of saying that our projects are doing that, but that this is not the approach that we would like to see our projects undertake. We would like to see it treated as an educational problem.

Of course, information must be provided, but providing information alone is not sufficient.

Mr. **Meeds**. What kind of strategy have you developed to accomplish that?

Dr. **Ottina**. Our strategy has been, as I described earlier, to work with the local communities, to work with schools, and community groups in getting them to adopt that philosophy, to develop these materials, and so forth.

Dr. Spillane might add to that.

Dr. **Spillane**. I might underscore the fact, sir, that since the very inception of the act, we have looked on the act as a R. & D. act, research and development.

Mr. **Meeds**. Indeed that is why it was passed.

Dr. **Spillane**. I think we have been doing that in terms of setting up demonstration projects on a pilot basis to see what actually can be accomplished out there, what can the school and the community do, what can certain components of the community do out there. What can we learn from what is going on out there that we can disseminate on a much more widespread basis? This has been our goal from the very beginning.

Mr. **Meeds**. If that has been your strategy, and I am delighted to hear that, it evidently has not been successful. At least the Macro systems analysis of what has happened in drug abuse education under this act indicated, and I am quoting now, "The most glaring void emanating from a review of the Department of HEW's current drug education activities is the need to develop a comprehensive drug education strategy and to provide guidance and leadership." May I say parenthetically now, outside the quotes, not follow the local education agencies, but to provide guidance and leadership to new and innovating program development at the Federal and community level, again, what we really sought by the passage of this legislation.

Your response is that you are out coordinating your efforts with what is going on at the local level, which is fine, but something else ought to be done in addition to that.

Dr. Ottina. I am sorry, if I used the word coordinating, I did not mean it in the sense of coordinating what they are doing. I meant it in the sense of working with them to look at the problem, deal with the problem and develop curricula dealing with the problem, under leadership which we hopefully can provide in some measure.

It involves a series of people, and that was why I was trying to describe the word coordinate.

We certainly hope we are providing some leadership through our office in this area.

Mr. Brademas. I wonder, Dr. Ottina, if you could again tell me where the Drug Abuse Education Act was cited in the Catalog of Federal Domestic Assistance?

Dr. Spillane. If I am not mistaken, 13.420 is the number.

Mr. Meeds. That is the amount, not the place.

Mr. Brademas. I think you ought to know, and I regard it as revealing, that that is not true.

I have in front of me the 1973, Catalog of Federal Domestic Assistance, and it is not even listed. It has apparently been struck.

Dr. Spillane. That I can't understand. We just used it recently.

Mr. Brademas. You can take a look at it. It is right here.

Dr. Spillane. I have used the number recently.

Mr. Brademas. If you have another number, we would be glad to have that and check that one, too.

Dr. Spillane. It may be the HEW catalog.

Dr. Ottina. I did not have knowledge of whether it was or was not in. Apparently what has accurred was that the HEW catalog does list it.

Mr. Brademas. That was not my question.

My question was the Catalog of Federal Domestic Assistance.

Dr. Ottina. I understand that, sir. In the HEW catalog there is a Federal catalog number included which was the number that Mr. Spillane quoted for you.

Mr. Brademas. That was the citation for the previous year, Dr. Spillane that you gave us, for your information.

The number was correct for 1972. Obviously, what I am saying is very clear.

One thing is clear. You are not sure where your programs are, Dr. Ottina.

Aside from that, the other thing is that you have apparently excised it.

It is almost as though the administration has an index, if you don't like the program, though it is a law of the land and the citizens and the taxpayers are able to supply money for it, you just drop it from the list.

It is that kind of approach to law and order that has exercised Members of Congress, on both sides of the aisle I might say.

And that is why I said earlier that I regard this as the most lawless administration—especially in HEW—that I have encountered in 15 years on this committee.

You ought to look into it and find out why you have simply excised a program, for which moneys have been appropriated by the Congress of the United States, from the Catalog of Federal Domestic Assistance.

What kind of business is this?

Mr. **Meeds.** What we will hear next is that they got rid of the program because nobody asked for any funds.

Mr. **Brademas.** Maybe Mr. Sihanouk came to the Secretary of HEW and said he did not approve of the drug education program and would you kindly drop it from the book.

Dr. **Ottina.** Again, Mr. Chairman, I do not know that it is or is not in the book.

Mr. **Brademas.** You ought to look into it because you have the responsibility under the law for faithfully executing that law.

That is your responsibility.

We write the laws, you administer them. So you ought to check into that.

Dr. **Ottina.** I will do so.

Mr. **Brademas.** That is why we have oversight hearings.

You know, it has been very revealing this morning. We ask you about evaluation of these programs. You are just now getting around to letting the evaluation contracts, even though Dr. Nowlis had said some months ago you were going to get at it.

And when Mr. Meeds, who is the author of the program, asked you to tell us how you are spending the money for the major purposes of the act, you cannot tell us that in terms of percentage or dollar amount.

Then the program is dropped from the Catalog of Federal Domestic Assistance.

It is a strange way to do the public's business with the public's money.

Let me ask you a couple of other questions here.

Dr. Spillane, I understand that prior to the passage of the Drug Abust Education Act in 1970 that there existed something known as a National Action Commirtee on Drug Abuse Education that was funded with moneys under the Education Professions Development Act for providing leadership and technical assistance and evaluation in the Federal drug abuse education training effort.

Am I correct in that?

Dr. **Spillane** That is correct.

Mr. **Brademas.** I understand when the Office of Drug Abuse Education was formed, that the National Action Committee provided assistance to that office and that it received $750,000 in fiscal 1972 moneys under the Drug Abuse Education Act and that it is now receiving $832,000 in fiscal 1973 funds. Is that correct?

Dr. **Spillane.** That is correct, sir.

Mr. **Brademas.** You will, I think, agree that is a substantial amount of money, given the modest funds that you had available?

Dr. **Spillane.** That is correct. I don't have a breakdown with me, but I can provide it.

Mr. **Brademas.** I will be glad to have that, but I have another question deriving from the facts on which we have just agreed; namely, that in December 1972, fully 2 years after the National Action Committee was formed, the document entitled "Federal Drug Abuse Programs," with which I am sure you are familiar, it was a report submitted to the American Bar Association, made the following statement, and I quote from that report:

> NAC—the National Action Committee—has not been fully operational even though it is a vital arm of the Office of Education's program. A consultant for the NAC with considerable experience in drug programs characterized the original NAC as unsuitable and unqualified to give the necessary technical assistance.

My questions in respect to that report, Dr. Spitlane, are two:

One, is that December 1972 criticism in your judgment still valid? And, if it is, how can you justify expending such large sums of money on the committee?

Dr. **Spillane.** No, sir, I would say that criticism is not valid at this time. In December 1972, if I remember correctly, the National Action Committee might have been assessed at a time when there was a brief hiatus. This was when we were reconstituting the National Action Committee.

We were aware of the fact we needed various types of competences on the committee which we did not have at that time. The committee has since been reconstituted.

We can provide you a list of the consultants that provide technical assistance. We can provide a list of sounding-board members that we use to bounce policy and guidelines off of. I think you will agree it is a comprehensive list.

Mr. **Brademas.** I would not agree that it is.

I will tell you somebody else you ought to talk to. I have a revolutionary proposal for you, Dr. Ottina and Dr. Spillane.

When you start to draw up your guidelines, and you start to issue your regulations for implementing the laws passed by the Congress, have you ever stopped to think that it might be useful to sit down with the Members of Congress who wrote the law?

Dr. **Spillane.** I would agree. We have done this in previous years. Not every year, unfortunately.

Mr. **Brademas.** I think you ought to do it every year. I think you, and HEW generally, ought to do it.

And I think you in OE, Dr. Ottina, from my experience on this committee, ought to be particularly sensitive to this matter.

Mr. Meeds, as I said earlier, is the original sponsor of the bill. So far as I know, and I have not even asked him about it, there has not been any protracted series of discussions with him on this matter because, as his qestions have indicated, you are not complying with the intent of the law in the way in which you have administered it.

I beseech you in the bowels of Christ, as Cromwell once said, to include Congressmen on your list when you decide how to administer the laws passed by Congress.

Mr. **Peyser.** Will the chairman yield for a moment?

I would like to make a statement and hope you can consider it.

When the bill that has been introduced by Mr. Meeds and myself and the chairman and other members of this committee is acted on this year, and it will be, and it will be passed, it would be my hope that based on your experience and knowing what the feeling of this subcommittee is, that you would be in a position to make a solid recommendation.

We recognize your recommendations may not be the controlling factor, but it is my hope that you will give serious consideration to making the recommendation to the administration that this program be continued and be continued on the funding level that this bill outlines because this is coming up and the bill will be passed.

I just would like to recommend that for your consideration.

Mr. **Brademas.** I just want to echo what Mr. Peyser has said because it seems to me clear that as we look at the administration of this program since it was enacted without a dissenting vote in the House or Senate—that should have indicated to you some support in Congress for it—that the administration has, to quote Mr. Beckler again, simply not spent the money for the purpose that the authors of the act intended.

You have gone on your merry way to spend the money the way you in the executive branch would like to spend it, regardless of the law of the land.

You have gone ahead to spend it for projects that you had begun earlier under that drug education training program through State projects, but you have not really complied in good faith with the intent of Congress.

I, for one, am getting rather weary, on law after law, of having to have members of the Department of HEW come up here, especially from OE, so that we can berate you.

I am not upset so much because you do a sloppy or inefficient job of administering the law—I think that is understandable in human terms under any administration—but what I think reveals more insensitivity to some members of the subcommittee is that you don't even make a good faith effort to obey the law.

I think that is a subject of rising concern, not to say outrage, on the part of Members of the Congress of the United States of both political parties.

I hope we can see some improvement in the coming months.

The subcommittee is adjourned.

[Whereupon, at 11:50 a.m., the subcommittee adjourned, subject to call.]

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